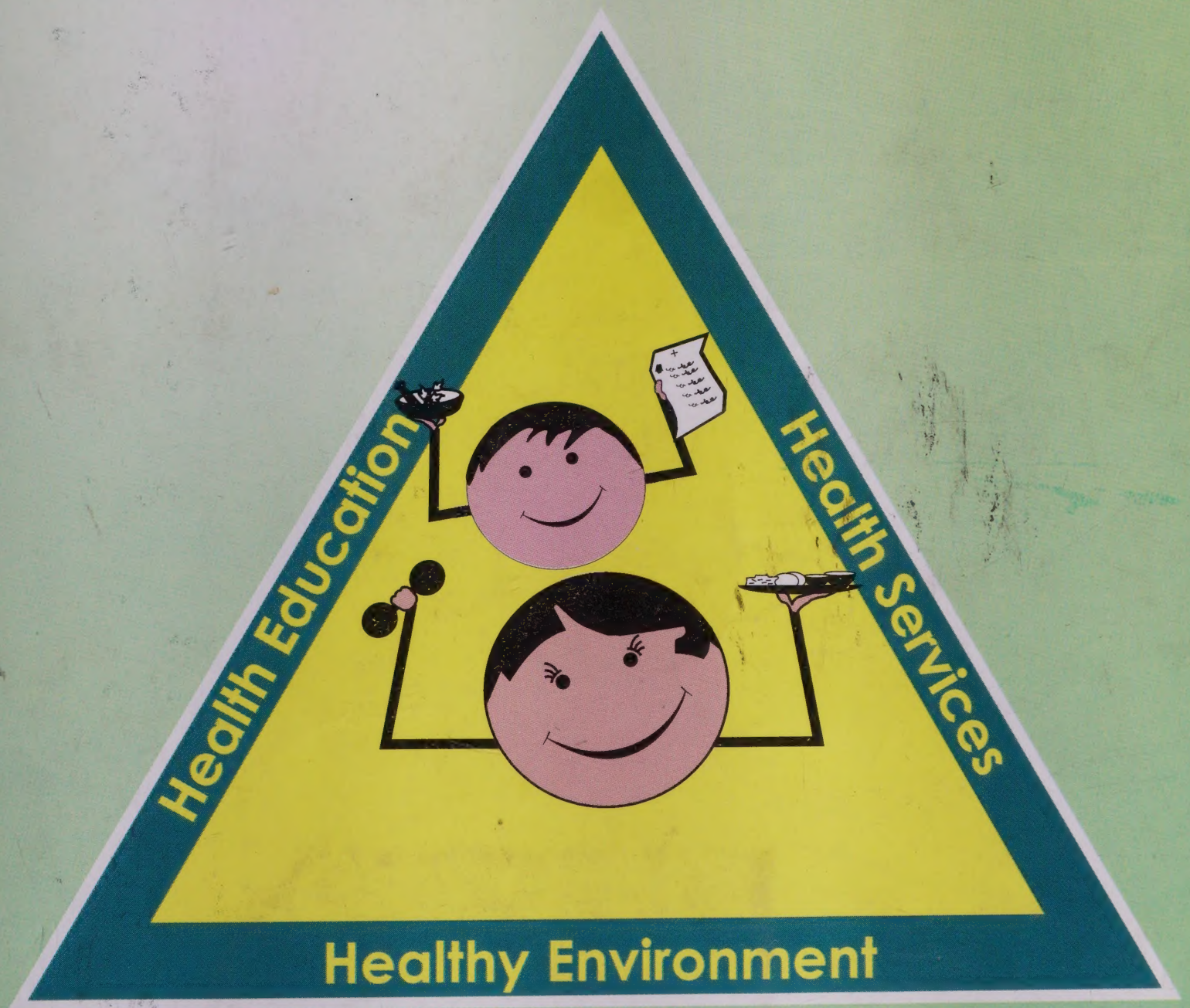


HEALTH PROMOTION

THROUGH SCHOOLS

MANUAL

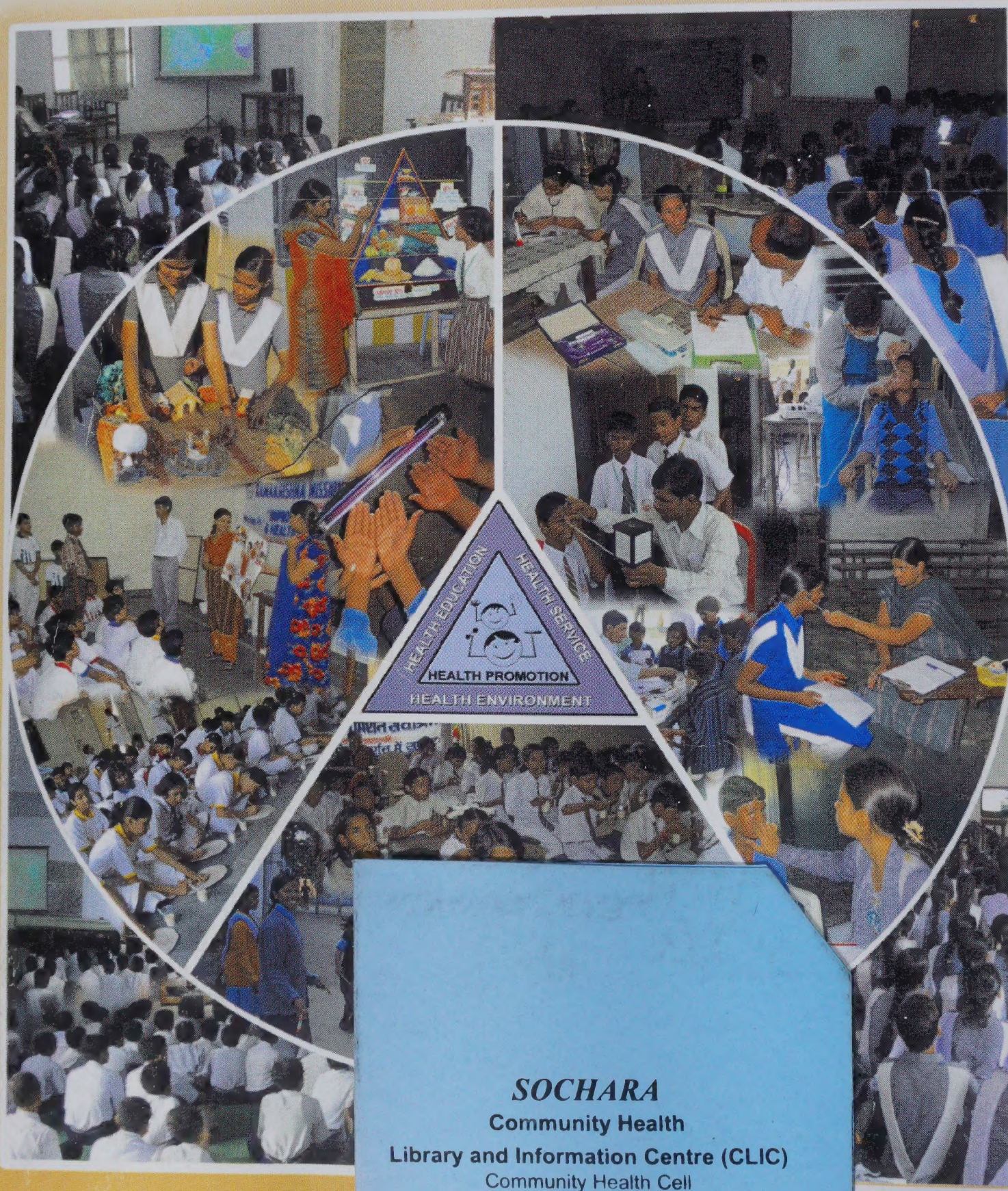


RAMAKRISHNA MISSION HOME OF SERVICE (VARANASI)
WORLD HEALTH ORGANIZATION PROJECT



HEALTH PROMOTION through SCHOOLS

15200
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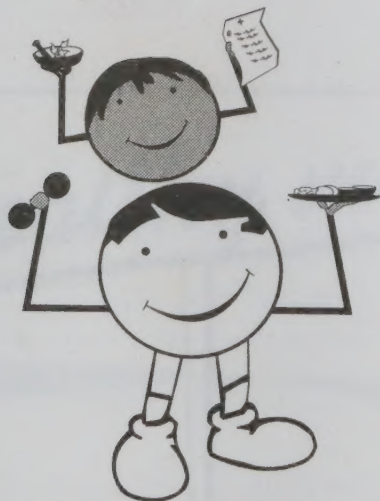
Community Health

Library and Information Centre (CLIC)

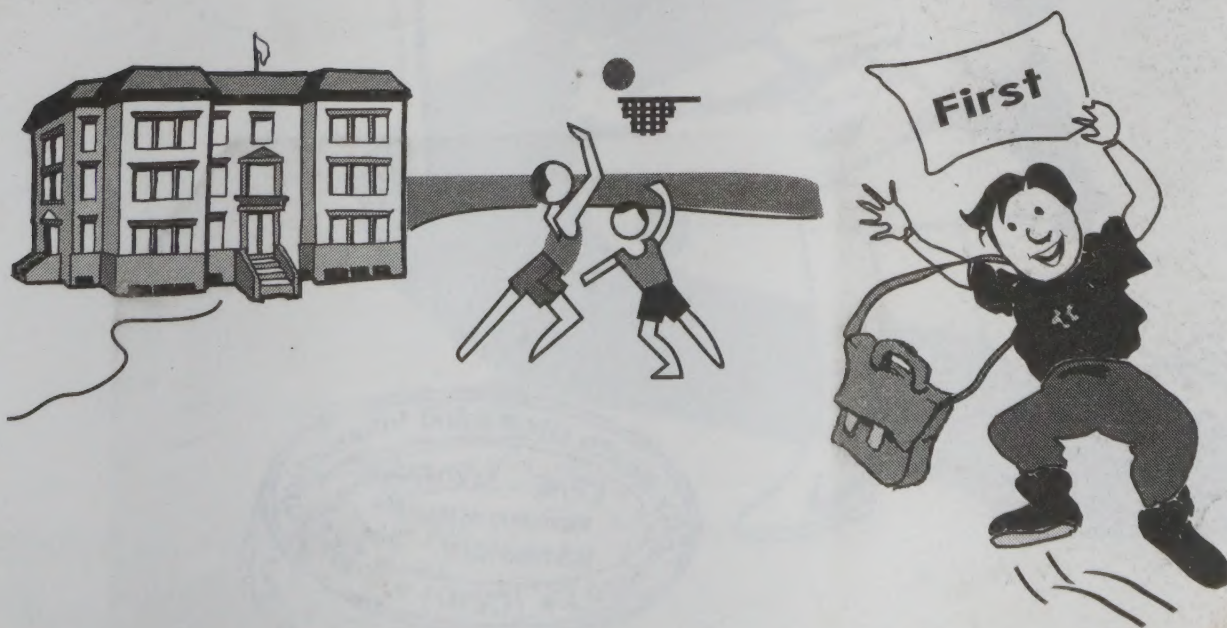
Community Health Cell

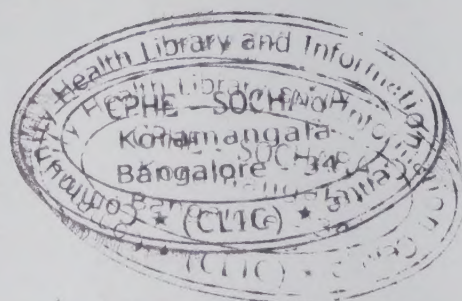
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Bengaluru - 560 068

Tel : (080) 25531518 email : clic@sochara.org
www.sochara.org



IMPROVING SCHOOL PERFORMANCE : A HEALTH PROMOTION PERSPECTIVE





HEP-100

15286

A healthy mind

& healthy body

are the prerequisites

*for becoming
an achiever.*



A healthy mind

A healthy body

A healthy heart

A healthy soul





PREFACE

IMPROVING SCHOOL PERFORMANCE: A HEALTH PROMOTION PERSPECTIVE

IMPROVING SCHOOL PERFORMANCE: 1

1. What are the causes of low performance of students ?
2. How can school improve children's performance ?
3. School health promotion why and how?

THE MAIN CAUSES OF LOW PERFORMANCE OF STUDENTS & STAFF OF THE SCHOOL ARE:

1. Physical and emotional pain
 2. Chronic hunger & malnutrition
 3. Chronic illness
 4. Substance abuse
-

HOW THE FOLLOWING HELP SCHOOLS IMPROVE THEIR PERFORMANCE: 2

1. Nutrition
 2. Physical activities
 3. Life skills education and substance use prevention
 4. Hygiene and sanitation
 5. Extra learning opportunities
-

SCHOOL HEALTH PROMOTION: HOW & WHY ? 6

1. Health services
 2. Health education (in the following order of priority)
 3. Health environment
-

SURVEILLANCE, PLANNING AND EVALUATING FOR HEALTH PROMOTION THROUGH SCHOOL POLICY AND ACTION: 14

REPORTING SCHOOL IN A STATE OF EMERGENCY

REPORTING SCHOOL IN A STATE OF EMERGENCY

1. The school is closed for the entire day.
2. The school is closed for the entire day.
3. The school is closed for the entire day.

THE MAIN CAUSES OF THE SCHOOL'S STATE OF EMERGENCY

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THE MAIN CAUSES OF THE SCHOOL'S STATE OF EMERGENCY

THE MAIN CAUSES OF THE SCHOOL'S STATE OF EMERGENCY



PREFACE

Young people want to progress and become an achiever. Complete well being i.e. a healthy mind and healthy body are the prerequisites for becoming an achiever. In today's world, many are unable to achieve because they keep on facing numerous onslaughts to their social, emotional, mental and physical well-being. Families, community and schools together can play a very responsible role in reducing obstacles to health and learning and for promoting positive development and achievement among students. Currently, six behaviors account for most of the serious illnesses and thus directly or indirectly result in non-achievement in students and adults (staff). They are:-

- * Poor eating habits
- * Physical inactivity
- * Behaviors that result in intentional and unintentional injury
- * Unhygienic practices
- * Tobacco use and Abuse of alcohol and other drugs
- * Sexual behaviors that result in AIDS infection, other sexually transmitted diseases, or unintended pregnancyAll of these are preventable!

As part of School Health Promotion Project, we at Ramakrishna Mission Home of Service have developed this manual which will help officials, eminent citizens, governmental and non-governmental organizations and school to promote health of teachers, students, staff and their communities and thereby become the proverbial happy, healthy, wise and wealthy individuals.

This manual is in four parts:

The first part deals with introduction and rationale.

The second part is about health education, health promotion practices and prevention of diseases and disabilities. It contains information about how we can take care of our health and avoid sickness, disabilities and diseases.



PREFACE

This section of manual will provide a helpful guideline to students, teachers and other members of staff to adopt healthy life style The third part is about health services and regaining health early in case of ailments. Here health screening of students and staff is also discussed.

The fourth part talks about healthy physical and psycho-social environment of the school.

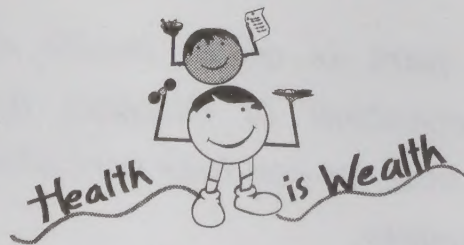
*We are especially grateful to **Mr. B. P. Sharma**, Joint Secretary, Ministry of Health, for granting us the project. But for his initiative and thoughtful intervention the project would not have seen the light of the day.*

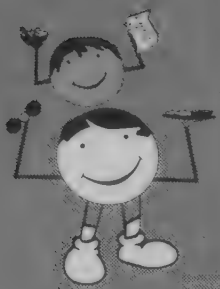
*Our heartfelt thanks to **Mr. Rajesh Bhusan**, Director, Ministry of Health, and Mr. R L Handa, for their diligent efforts and valuable guidance in making this project a reality.*

We take this opportunity to thank Dr. Salim Habayeb, WHO Representative to India, Dr. Cherian Varghese, NPO [Non-communicable diseases], WHO for this project. Dr. Varghese was always available with his guidance and helping hand through out the many phases of the project.

We are thankful to Mr. V. Srinivas of Illumine Knowledge Resources Pvt. Ltd., Mumbai for devoting his valuable time and expertise in evolving the health education workshops including use of their proprietary educational material which has helped us bring methodological and procedural vigor to our work.

We also thankfully acknowledge the authors of Hookie from Virginia Tech.





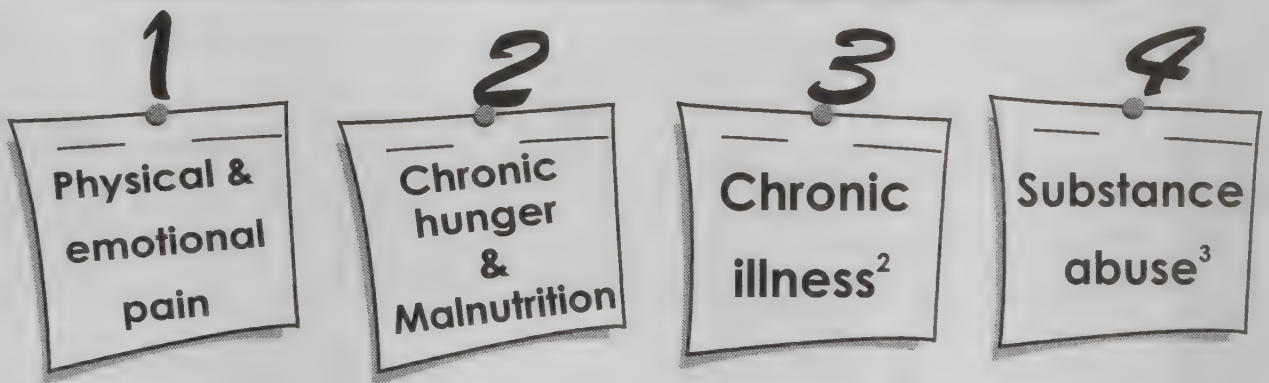
A HEALTH PROMOTION PERSPECTIVE

In order to improve school performance we need to answer the following questions:

1. What are the causes of low performance of students?
2. How can school improve children's performance?
3. School health promotion Why and How?



The main causes of low performance of students & staff of the school are:



Physical and emotional pains are the commonest causes of low performance of students and staff of a school and can be greatly reduced by physical exercise and regular health care services.

1. A study by the Center on Hunger, Poverty, and Nutrition Policy showed that chronically undernourished children achieve lower scores on standardized achievement tests especially language ability tests.

2. Research has shown that physically fit middle school students have higher grade point averages and higher levels of self-esteem than non-fit students.

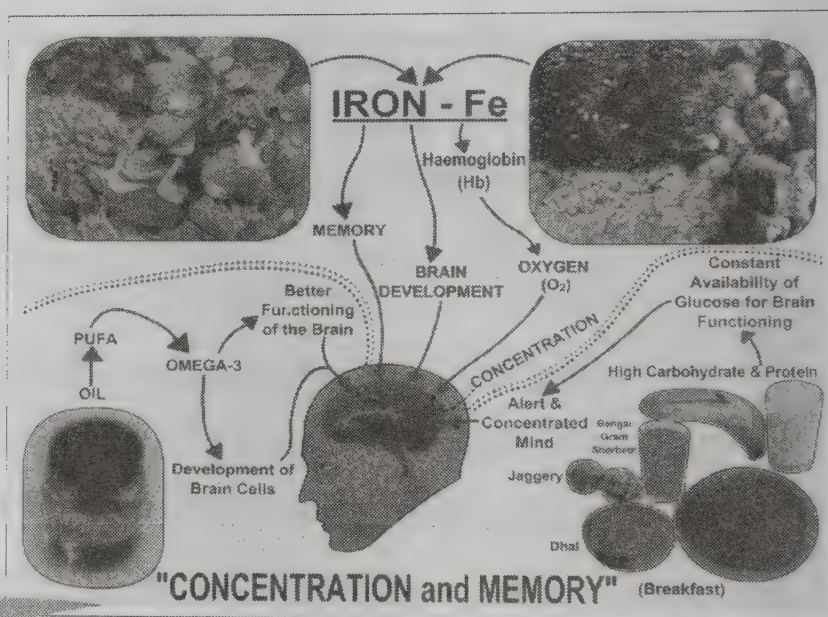
3. There are many physical changes that take place in the brain and body as a result of drug, alcohol, and tobacco. These often have negative consequences in terms of school performance. These changes in the body can make learning and concentration more difficult.

1. Nutrition

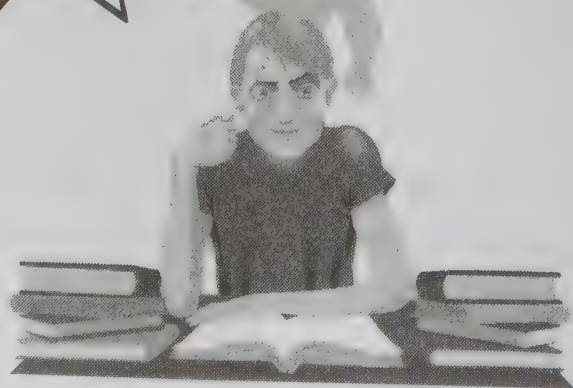
Experts suggest that healthy eating is necessary for optimal brain development & functioning. Food intake can affect energy levels, concentration, & learning.

The Oxford Brief categorically says on basis of sound scientific evidence that Iron supplementation resulted in significant improvement in school measurements of verbal & other measurable skills among primary school children and adolescents.

In one study, inner-city children and parents were surveyed about eating habits and the children's academic performance was evaluated. The findings of this study showed that children who were considered hungry or at-risk for hunger had more tardiness, absenteeism, and hyperactivity. They were twice as likely to be classified as having impaired functioning.

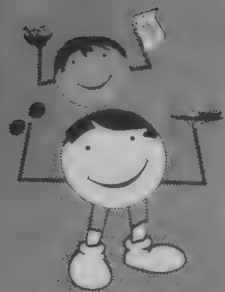


*If Memory
Will be
Sharper*



*Any one
can become
a Topper*





2. Physical Activities

Schools that offer intense physical activity programs see positive effects on academic achievement, including increased concentration; improved mathematics, reading, and writing test scores; and reduced disruptive



Regular Exercise ! ...means :-



Proper Blood Circulation, Full Utilization of O₂, Better Work Efficiency



Deep Breathing, Increase in Capacity of O₂, Intake in Lungs and Long-life



Absorption of Ca, Strong Bones, Relief from Pain



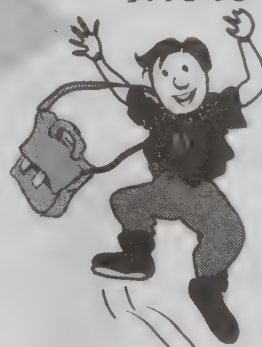
Strong Endocrine Glands, Healthy Secretion, Proper Development. (Good Height)

behavior, even when time for physical education reduces the time for academics.

Physical activity has also been linked to better school performance.^{1, 2} On the other hand

lack of regular exercise has been linked to disease, mental health problems such as mood disorders and lower energy levels.

More Active & wise



¹In one study, subjects were tested before and after physical activity and a control group that participated in a hobby class was also tested. In general, the group that engaged in the physical activity improved more on a simple cognitive task and had a more positive mood in the post-test than the control group. This suggests that concentration and learning might be positively affected by physical activity.




²In a study of two parochial schools, class time for academics was reduced by 240 minutes per week in the experimental group to enable increased physical activity exposure. Yet mathematics test scores were consistently higher for this group than for a group that did not have increased time for physical activity.

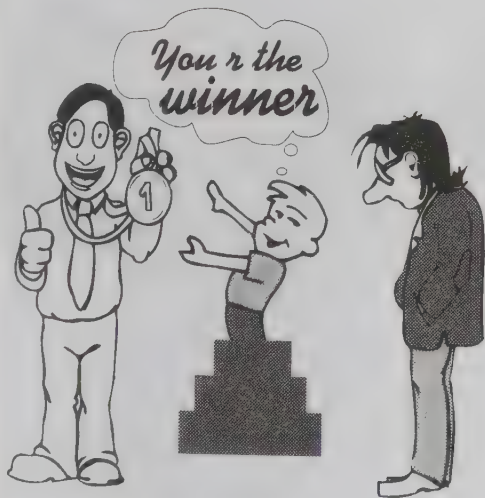



3. Life Skills Education and Substance Use Prevention:

Schools that enhance child skill development through health education, parenting classes, & teacher training and prevent substance abuse see increases in the academic achievements of the student.^{1,2}



 ¹In a study of 259 high-risk youth in grades 9 through 12 in the Pacific Northwest, participants in a life-skills class showed increased grade point averages (GPAs) across all classes while the GPAs of the control group stayed essentially the same.



 ²In a two-year longitudinal study of children receiving a substance use intervention curriculum, five years after the program, participants had higher

overall academic achievement scores on the Comprehensive Test of Basic Skills than their national peers.

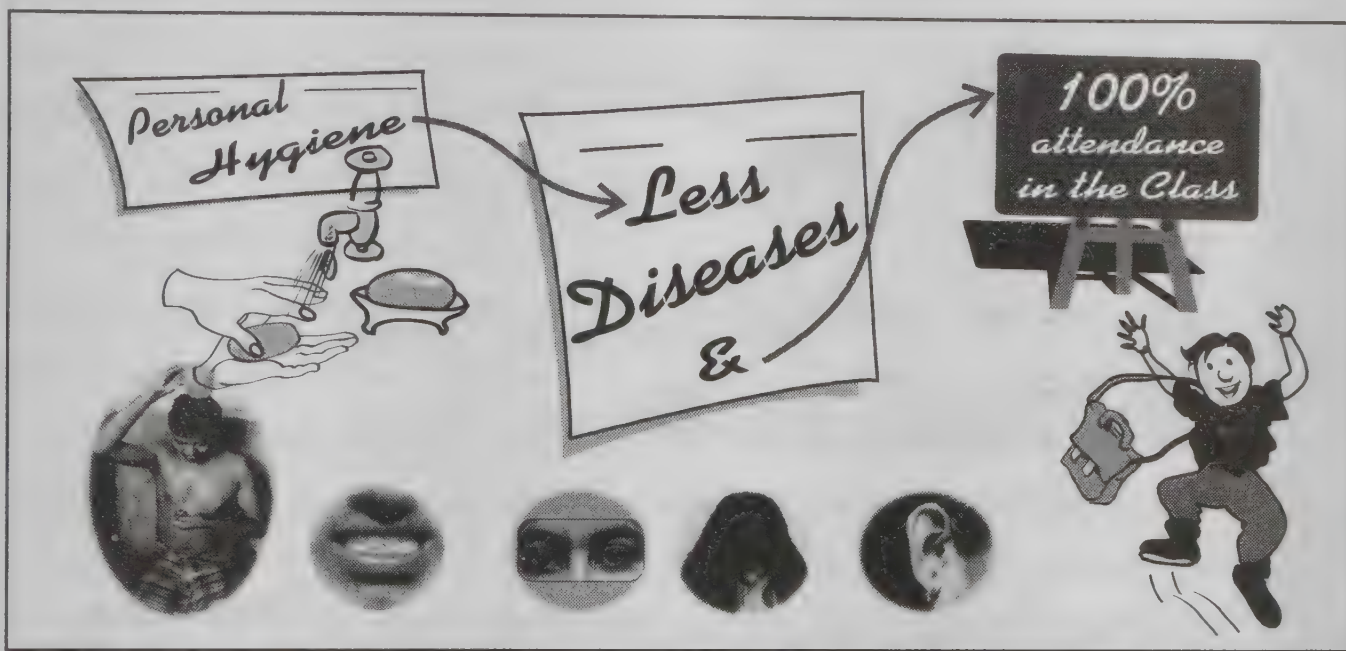
I see...!



*Tobacco
is hurdle
of my Life.*

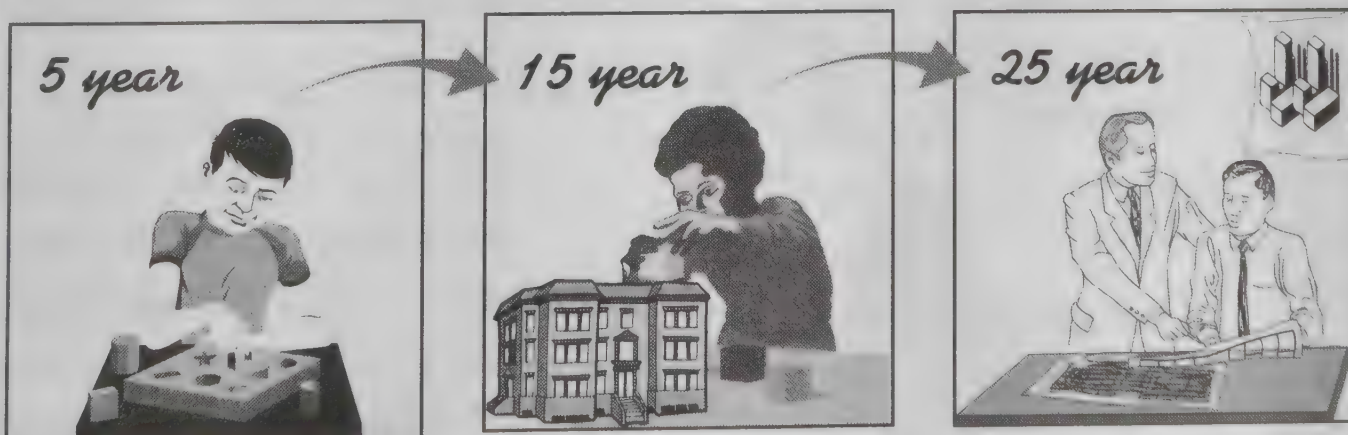
4. Hygiene and Sanitation:

Poor hygiene and sanitation are one of the chief reasons for chronic ill health which compromises the health and learning of the students and staff of the school.



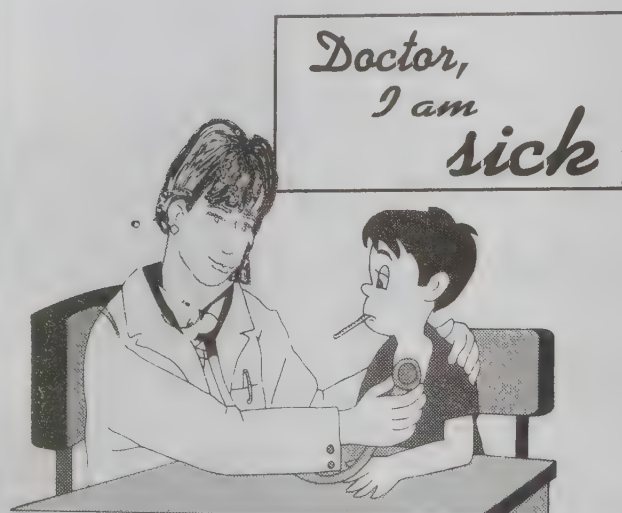
5. Extra Learning Opportunities:

Extra learning opportunities (ELOs) provide school-age children (age five through eighteen) with recreational, academic, and development opportunities that supplement the education provided during a typical school day. Research indicates that ELOs improve the health of students and their ability to learn.





On the other hand **School health promotion** is the process of enabling people to increase control over, and to improve, their health. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.



vaccination, screening and preventive health education now we co-achieve our dreams and aspirations with their involvement.

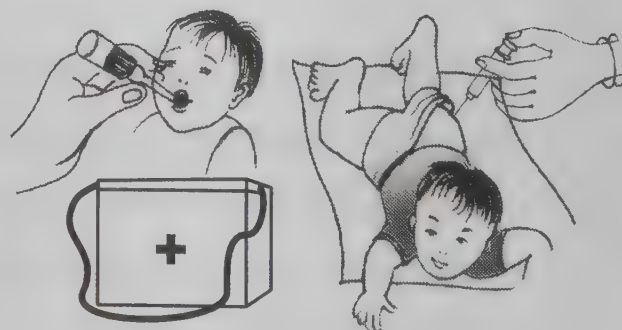
Thus Health Promoting Education naturally forms the core of Health Promotion ably supported by a healthy environment and health services.

Health promotion action



With the coming of health promotion, health care professionals, practices and premises interact with us in a totally different way. To begin we interacted with them only to relieve us from sickness, then came the era when we sought them for preventive services like

Doctor,
they need **vaccination**
for Prevention



[Source: **Health Promotion Ottawa Charter, 1986**] means:

However, the above are not discrete strategies or ordered steps of a prescribed sequence of actions; rather they are strategies of an integrated, mutually reinforcing, and holistic framework of change.



School Health Promotion programmes are defined with respect to

1. Building health-related public policies
 2. Creating supportive environments
 3. Strengthening community action
 4. Developing personal skills
 5. Reorienting health services
- * **Health services,**
 - * **Health education, and**
 - * **Health environment:**

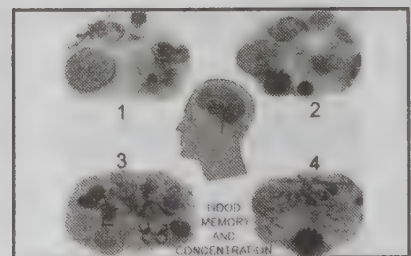
The **Schools Health Promotion** includes the following services:

Health Services

- * **Preventive, curative and referral services**



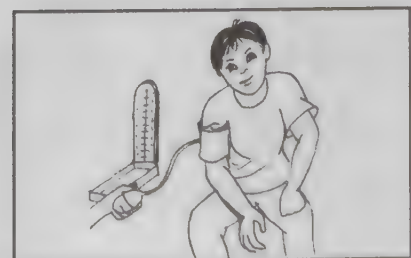
- * **Nutritional (micronutrients) and food safety services**



- * **Counseling, psychological and social services**

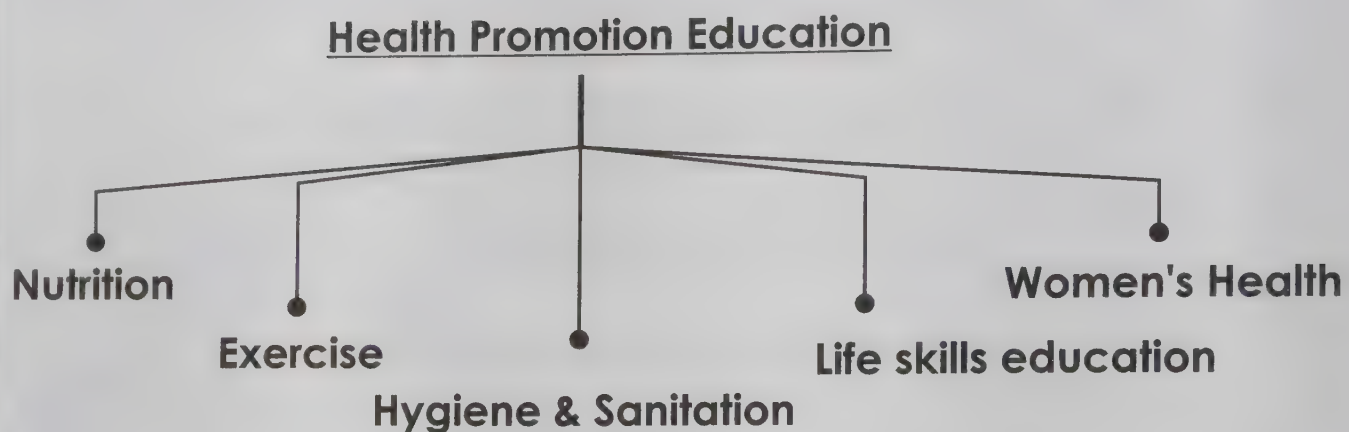


- * **Health promotion for staff**





2. Health Education (in the following order of priority)

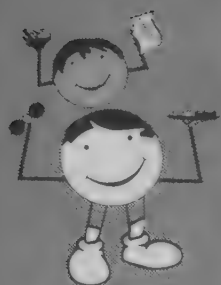


Prevention of Major Health Problems:

- * Acute Respiratory Infections
- * Diarrhoeal Diseases
- * Malaria
- * Tuberculosis
- * Tobacco Use Prevention Also among certain late teen
- * students especially girl students Child Health

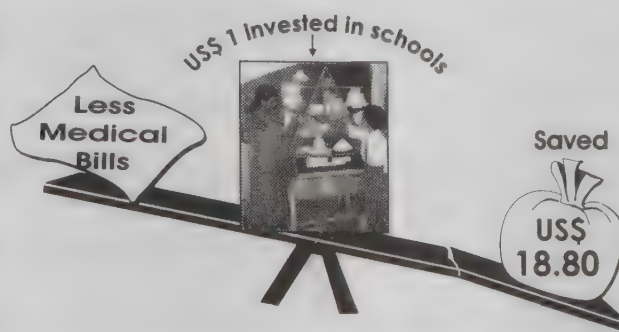
3. Health Environment

Involves interaction between student and staff of the school, between them and the school infrastructure on one hand and the community of which they form a part on the other. Thus it has a physical and psycho-social component to it. The rationale of promoting health through schools is five-fold



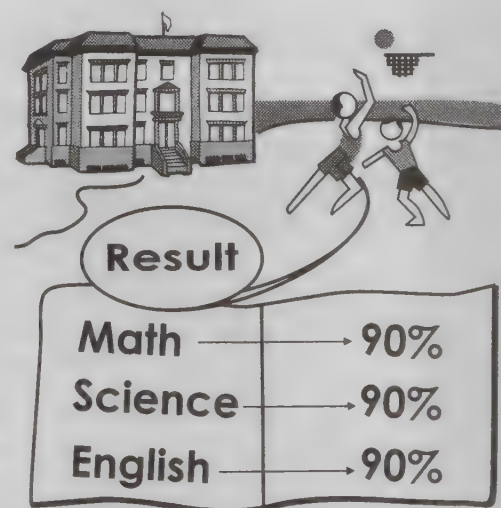
1. Favorable Cost-Benefit Ratio: There is ample evidence that school health expenditures result in substantial savings e.g., US\$ 1

invested in schools on effective tobacco education saves US\$ 18.80 in the cost of addressing health problems smoking. A 1993 analysis also implementing an health package' which includes 'school health programme to treat worm infestation and micro nutrient deficiencies & to provide health education' will greatly benefit countries like India.



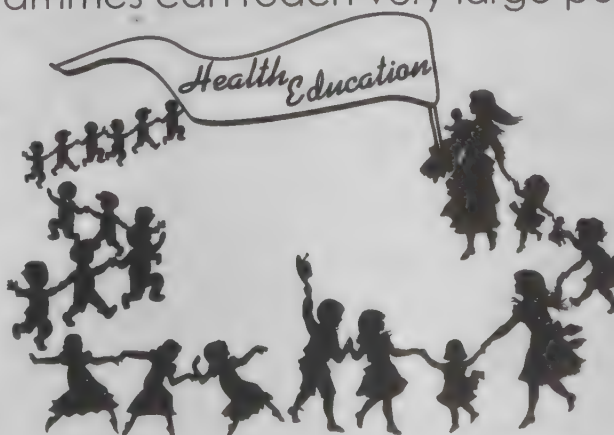
2. Improves Academic

Performance: There is ample evidence that better health improves academic performance e.g. through correction of iron deficiency [see Improving School Performance: A Health Promotion Perspective above].



3. Greatest Mass Reach: There is ample evidence that school based programmes can reach very large populations of school-age children. The

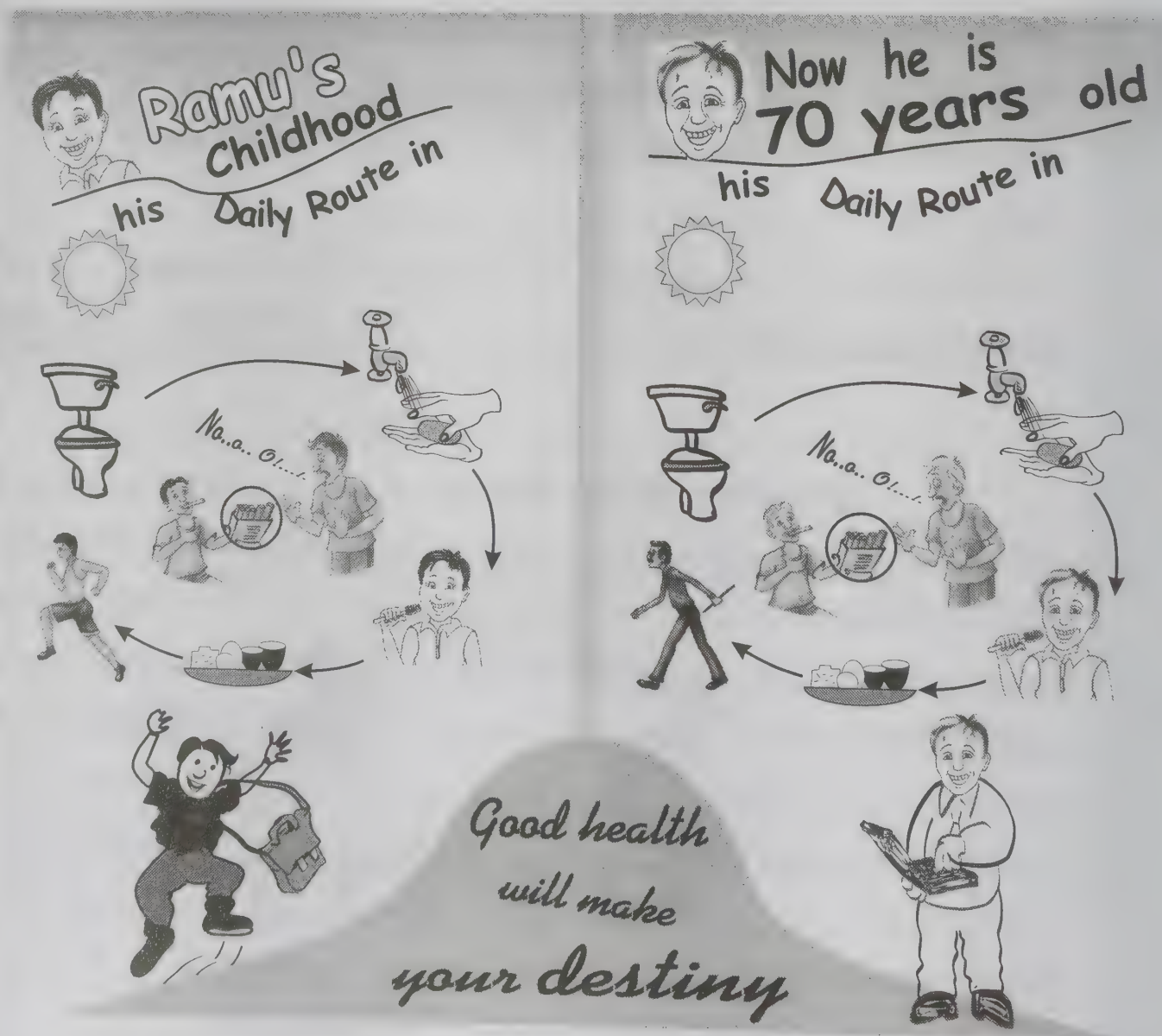
State of World's mentions, "the system is ... the world's broadest channel for information at the disposal of its citizens." In India, there are 184 million students enrolled in 955,000 schools and inter colleges.



1988 UNICEF's Children formal education developing and deepest putting



4. Lasting Benefits: There is ample evidence that health education and services in school have far-reaching effects like preventing adverse behavior like tobacco use, and healthy habits learned during early years (e.g. safe food handling) will be applied throughout life. [Source: 'Promoting health through schools' WHO Technical Report Series #870] Moreover, it has been found that educational excellence in the traditional content areas may not be sufficient to secure the future competitiveness of a country. Such a narrow focus ignores poor health status as a major threat to a nation's ability to compete economically. **Alcohol, tobacco, and other drug use; low levels of physical fitness; poor nutrition; injuries; and stress contribute to lowered health status and result in loss of work or school time.**



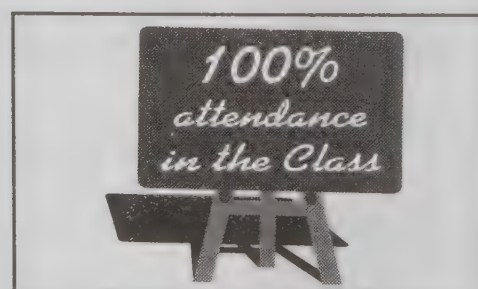


Health education in schools is essential to enable students to acquire the knowledge and skills to promote health. Students who have health knowledge and skills have better health status and contribute to the nation's economic competitiveness by:

* **working more effectively;**



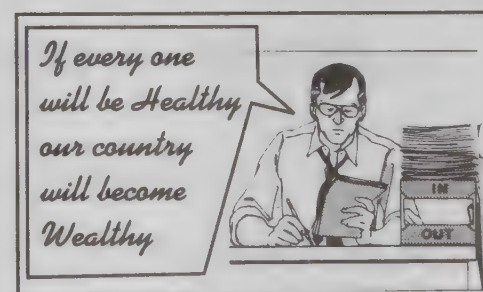
* **missing fewer days from work due to injury and illness;**



* **using fewer medical services due to prevention delayed onset of disease or early treatment of common illnesses; &**



* **reducing use of health insurance benefits.**



Productivity will increase and business costs will decrease as a result of a work force whose members know how to be and stay healthy. In addition, health knowledge and skills applied by individuals within the context of families and communities ensure a better quality of life. Students who gain health knowledge and skills in school are contributing members of society and important to economic competitiveness.

The long-term results of poor health in economically advanced countries are well recognized and thus there is high value on health education.



A series of questions about health education was posed to a nationally representative sample of parents, school administrators, and adolescents in one such economically advanced country. Major findings were:

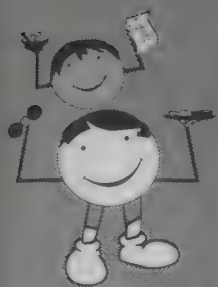
- * Nearly nine in ten adolescents feel health information and skills are of equal or greater importance compared to other subjects taught in school.

- * More than four in five parents of adolescents (82%) feel health education is either more important than or as important as other subjects taught in school.

- * Parents clearly support teaching problem-solving, decision-making, and other health-related skills in schools.

- * Administrators view health education as being of equal to or of greater importance than other things adolescents are taught in school and believe that students need to be taught more health information and skills in school.

In conclusion it can be said that, implementing essential public health programmes, including *nutrition and health education and micronutrient supplementation*, have been estimated to reduce a considerable amount of the disease burden in low and middle income countries like India. In addition, nutrition interventions can contribute to reducing the substantial health care costs for nutrition-related chronic diseases and for productivity losses due to nutrition-related health problems. Compared with various public health approaches, **school health programmes** that provide safe and low-cost health service interventions, such as *screening and health education*, are shown by research to be one of the most cost-effective investments a nation can make to improve health of her citizens.



Therefore **Dr. Hiroshi Nakajima, Director-General, World Health Organization** says that,


“Health is inextricably linked to :-

- * educational achievements,
- * quality of life and
- * economic productivity.

By acquiring health-related :-

- * knowledge,
- * values,
- * skills and
- * practices,

Children can be empowered to pursue a healthy life and to work as agent of change for the health of their communities”.

Be Healthy to  Live Healthy



SURVEILLANCE, PLANNING AND EVALUATING FOR HEALTH PROMOTION THROUGH SCHOOL POLICY AND ACTION:

Now we come to the portion on how to implement Health Promotion through School at policy and practice level. Before, we take up a comprehensive overall model let us emphasis that the **health education material and method needs to be designed based on principles of learning derived from the learning sciences the interdisciplinary field of research from psychology, neuroscience, linguistics, philosophy, computer science, anthropology, social marketing and education to Built Capacities Of All Students.**

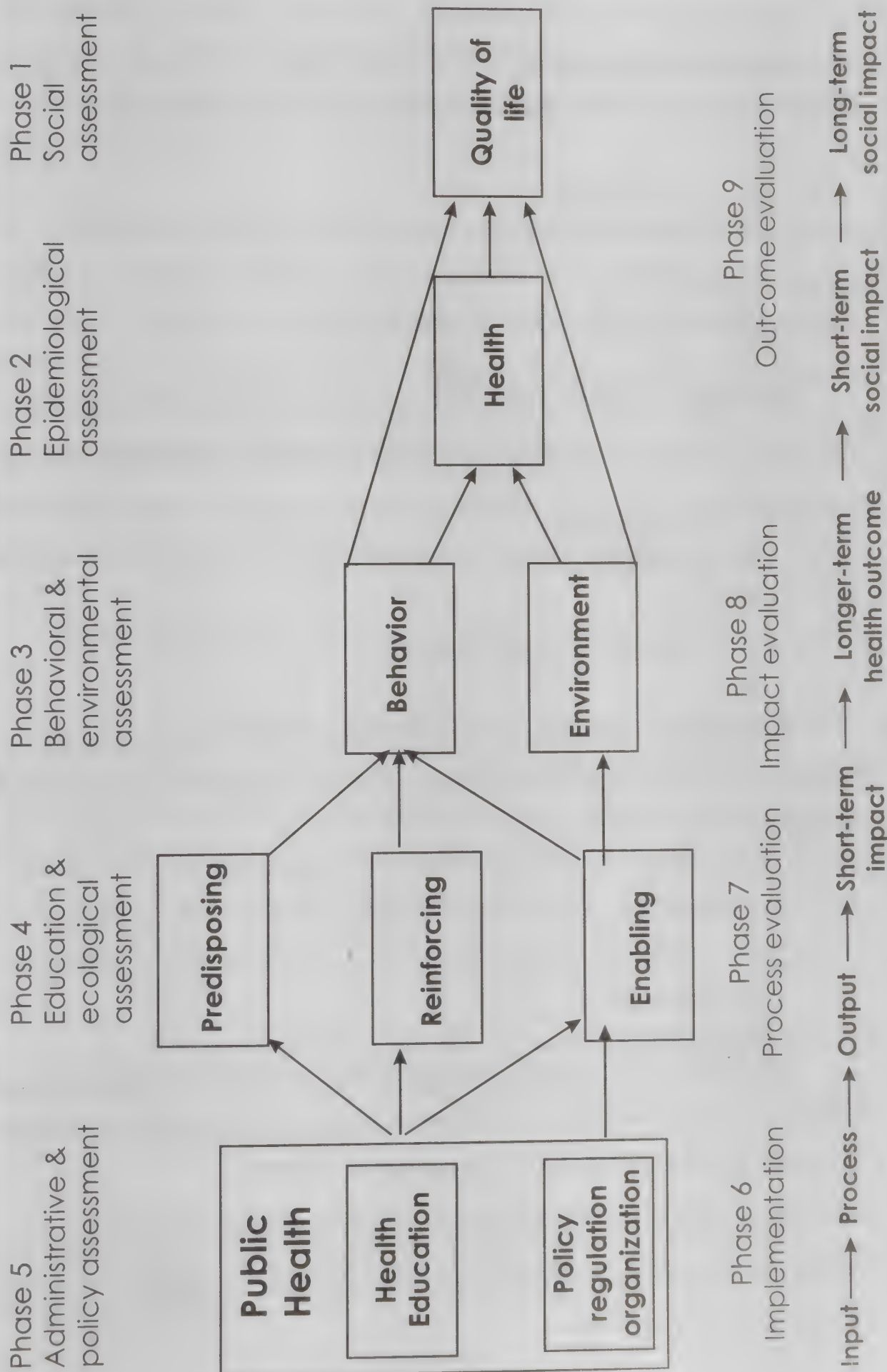
Internationally, the model which is gaining acceptance for over all surveillance, planning and evaluating health promotion policy and action initiatives is the PRECEDE-PROCEED or Precede-Proceed Model developed by Green and Kreuter. This model is shown here and while social and epidemiological assessments available with us today have made us come up with the priority areas of health education topics while devising each health education product and implementing health services and healthy environment the behavioral and environment assessment has to take place along with education and ecological assessment while expert knowledge and research may help more in social and epidemiological assessment.

Finally, policies need to be formulated and organizational set up needs to be created with proper men, material and monetary resources. Thereafter, the implementation can begin on pilot basis and it can later be scaled and the whole process needs to be informed and suitably modified by process, impact, financial and outcome evaluations of various kinds as per the need.



Surveillance, Planning and Evaluating for Policy and Action:

Surveillance, Planning and Evaluating for Policy and Action: PRECEDE-PROCEED MODEL*



*Green & Kreuter, Health Promotion Planning, 3rd ed., 1999.



PRECEDE stands for "Predisposing, Reinforcing, and Enabling factors in Educational Diagnosis and Evaluation." Educational and organizational diagnosis looks at the specifics that hinder or promote behaviors related to the health issue.

Predisposing Factors - any characteristics of a person or population that motivates behavior prior to the occurrence of that behavior

- knowledge
- * beliefs
- * values
- * attitudes
- *

Enablers - characteristic of the environment that facilitate action and any skill or resource required to attain specific behavior

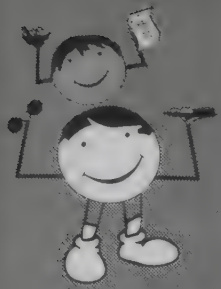
- accessibility
- * availability
- * skills
- * laws (local, state, federal)
- *

Reinforces - rewards or punishments following or anticipated as a consequence of a behavior. They serve to strengthen the motivation for behavior.

- family
- * peers
- * teacher.
- *

The PRECEDE model is based on the premise that an educational diagnosis should precede an intervention just as a medical diagnosis precedes a treatment plan (Green et al., 1980).

PROCEED, which stands for "policy, regulatory, and organizational constructs in educational and environmental development," has been added to the model. The



PROCEED component of the model acknowledges the importance of environmental factors in determining behaviors. The components of **PROCEED** take the practitioner beyond educational interventions to the political, managerial, and economic actions necessary to make social systems environments more conducive to healthful lifestyles and a more complete state of physical, mental and social well-being for all.

In summary, the model begins with the outcome of interest and the model is used to design an intervention for achieving the desired outcome. The purpose of the **PRECEDE/PROCEED** model is to direct initial attention to outcomes rather than inputs. This forces planners to begin the planning from the outcome point of view. In other words, as a program planner one begins with the desired outcome and work backwards to determine what causes it, what precedes the outcome? Intervention is targeted at the preceding factors that result in the outcome.

The planning process outline in the model rests on two principles:

- * The principle of participation, which states that success in achieving change is enhanced by the active participation of members of the target audience in defining their own high-priority problems and goals and in developing and implementing solutions. This principle is derived from the community development root theories and the empowerment education model exemplified by Freire.

- * The important role of the environmental factors as determinants of health and health behavior such as media, industry, politics, and social inequities

The **PRECEDE/PROCEED** framework has been designed to avoid the philosophical trap that has caught previous efforts to codify the practices of health education.



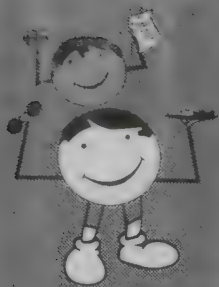
The overriding principle in this approach to health education is that health behavior must be voluntary behavior. Health means different things to different people, serves different purposes for different people, and is more or less important to different people. Because of this it is difficult to justify the imposition of rigid criteria of appropriate health behavior unless a behavior has been judged by society as a whole to be a sufficient hazard to the common good to warrant the curtailment of individual choice like the use of tobacco in modern times.

Evaluation is the systematic assessment of the worth or merit of some object. Evaluation is the systematic acquisition and assessment of information to provide useful feedback about some object.

Evaluation and research tools and techniques, apart from determining whether the program is achieving the intended effect, are powerful in that they can be used to inform and strengthen the program and streamline its planning and implementation. Therefore, a project needs to incorporate formative, process and outcome evaluation as its integral component.

Skills required for Evaluation:

- * **Social Skills** - ability to stimulate participation and lead negotiation on evaluation questions.
- * **Pedagogical Skills** - ability to transfer knowledge so local learning and change takes place.
- * **Facilitation Skills** - to assist the development of aims and objectives and the sharing of agendas.
- * **Political Skills** - the ability to gain stakeholders interest and trust.
- * **Negotiation Skills** - the ability to help people achieve consensus.
- * **Methodical Skills** - design, data collection and analysis.



(from: Springett, J. (1998). Practical Guidance on Evaluating Health Promotion. Copenhagen. WHO/EURO)

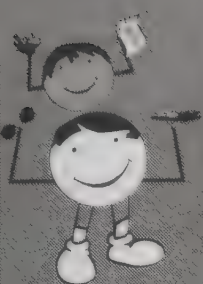
Strategies of Evaluation:

There are four broad strategies for evaluation and a good evaluation incorporates a healthy mix of each of these four strategies:

1. Scientific Experimental Model which emphasizes impartiality, accuracy, objectivity and the validity of the information generated. The three main methods used are:
 - a) Randomized controlled trial design
 - b) Comparison group designs and c) Pre-post design as well as theory driven design.
2. Management oriented system models like Program Evaluation and Review Technique (PERT) and Critical Path Method (CPM)
3. Qualitative/anthropological Model which emphasizes the importance of observation, the need to retain the phenomenological quality of the evaluation context, and the value of subjective human interpretation in the evaluation process. And
4. Participant-oriented models where evaluation involves the participants of the program at all stages.

Types of Evaluation

There are many different types of evaluations depending on the object being evaluated and the purpose of the evaluation. Perhaps the most important basic distinction in evaluation types is that between formative and summative evaluation. Formative evaluations strengthen or improve the object being evaluated -- they help form it by examining



the delivery of the program or technology, the quality of its implementation, and the assessment of the organizational context, personnel, procedures, inputs, and so on. Summative evaluations, in contrast, examine the effects or outcomes of some object -- they summarize it by describing what happens subsequent to delivery of the program or technology; assessing whether the object can be said to have caused the outcome; determining the overall impact of the causal factor beyond only the immediate target outcomes; and, estimating the relative costs associated with the object.

Formative evaluation includes several evaluation types:

Needs assessment determines who needs the program, how great the need is, and what might work to meet the need.

Evaluability assessment determines whether an evaluation is feasible and how stakeholders can help shape its usefulness.

Structured conceptualization helps stakeholders define the program or technology, the target population, and the possible outcomes.

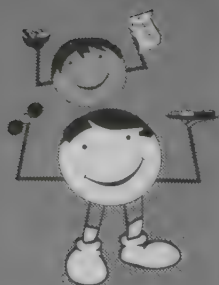
Implementation evaluation monitors the fidelity of the program or technology delivery

Process evaluation investigates the process of delivering the program or technology, including alternative delivery procedures

Summative evaluation can also be subdivided:

Outcome evaluations investigate whether the program or technology caused demonstrable effects on specifically defined target outcomes.

Impact evaluation is broader and assesses the overall or net effects -- intended or unintended -- of the program or technology as a whole



Cost-effectiveness and cost-benefit analysis address questions of efficiency by standardizing outcomes in terms of their dollar costs and values.

Secondary analysis reexamines existing data to address new questions or use methods not previously employed.

Meta-analysis integrates the outcome estimates from multiple studies to arrive at an overall or summary judgement on an evaluation question.

Various Dimensions of Evaluation: The various dimensions to evaluation are as follows:

Quantitative v/s Qualitative Evaluation

Hypothesis testing v/s Goal Free Evaluation

Teacher-centered v/s learner-centered

Own perspective v/s others' perspective

Monitoring fixed courses v/s exploring responsive courses

Collective responsibility v/s Individual responsibility

General issues v/s specific issues

Outcome v/s process

Political (demonstration) v/s Personal (learning)

By their nature, health promotion programs should include teachers, students and community residents and other stakeholders in the planning, implementing, and evaluating processes



The following table summarizes the difference between quantitative and qualitative approaches well

Differences Between Quantitative and Qualitative Approaches		
Difference in....	Quantitative approach	Qualitative approach
Objectives	To assess causality and reach conclusions that can be generalized	To understand processes, behaviors and conditions as perceived by the groups or individuals being studied
Use	To numerically measure "who", "what", "when", "how much", "how many", "how often"	To analyze how and why
Data collection instrument	<ul style="list-style-type: none"> • Standardized interviews • Formal, pre-designed questionnaires • Surveys using closed-ended questions 	<ul style="list-style-type: none"> • In-depth, open-ended interviews • Direct observation • Written documents (e.g., open-ended written items of questionnaires, personal diaries, programme records)
Sampling	<ul style="list-style-type: none"> • Probability sampling (a probability sampling selects its subjects randomly; that is, each member has an equal choice of being selected) 	<ul style="list-style-type: none"> • Purposive sampling (often used in political polling and selected subjectively, a purposive sampling attempts to be representative of the population and will usually try to ensure that a range from one extreme to the other is included)
Methodology for analysis	<ul style="list-style-type: none"> • Predominantly statistical analysis 	<ul style="list-style-type: none"> • Triangulation (simultaneous use of perception, validation and documentation to analyze information)

4 "Impact Evaluation," World Bank, draft for discussion April 2001; UNFPA M&E methodologies.



In the evaluation of complex processes and situations such as those presented by outcome evaluations a mixture of **qualitative** and **quantitative** methods will be most suitable. This is because quantitative approaches are better suited to assess causality or reach general conclusions, while qualitative methods allow in-depth studies of selected issues, cases or events and provide the context of a particular reform or results observed in a quantitative analysis.

Qualitative methods may be used to inform the questions posed by the evaluators through interviews and surveys, as well as to analyze the social, economic and political context within which development changes take place.

Quantitative methods may be used to inform the qualitative data collection strategies by, for example, applying statistical analysis to control for socio-economic conditions of different study areas, thereby eliminating alternative explanations of the observed changes. ("Impact Evaluation," World Bank, April 2001)

However, evaluation for learning is:

- Everyone's responsibility
- Continually asking good questions, getting answers, and taking action based on those answers
- Integrated into the day-to-day operations of the organization
- A developmental process
- Collaborative and dependent on information sharing
- Time well spent
- Going to ensure the organization's health and viability in the long run in a changing environment



The eight steps of planning evaluations are as follows:

- Step 1 : Decide who will be involved in the evaluation
- Step 2 : Assess your evaluation resources
- Step 3 : Describe your programme for evaluation
- Step 4 : Identify and prioritize evaluation needs
- Step 5 : Define your evaluation questions
- Step 6 : Determine your research measures
- Step 7 : Prepare a data collection plan
- Step 8 : Ensure that your research resources are sufficient

The six steps of implementing evaluations are as follows:

- Step 1 : Prepare for data collection
- Step 2 : Collect data
- Step 3 : Analyze data
- Step 4 : Report results
- Step 5 : Make use of what was learned
- Step 6 : Start again

The three main types of evaluations relevant to health promotion implementing agency are:

- 1. Formative Evaluation**
- 2. Process Evaluation**
- 3. Outcome Evaluation**

1. Formative Evaluation:

Why should one do formative evaluation? Well-planned and effective formative evaluation is important.

It ensures one is addressing the right problem



Problem formulation is the most critical stage of any communication effort.

Many communication strategies, fail because they:

- * Communicate the wrong message;
- * State messages too generally;
- * Stating questions too generically; and
- * Try to get a response or action before the message is fully understood and absorbed.

Periodic evaluation ensures that one continues to address the issues of concern, that the process will be meaningful and that resources will be expended appropriately.

It ensures that one is meeting the needs of the audience

- * Do we have the right participation?
- * Have we correctly identified those who should be involved in the process?
- * Have we correctly identified the target audience for the communication?
- * Have we correctly characterized our audience?

It increases institutional understanding of and support for communication efforts

It ensures one has the right level of participation

- * Is the process answering the needs of the interested and affected parties?
- * Have their information, viewpoints and concerns been adequately represented?



- * Have they been adequately consulted?

It ensures optimum use of limited resources : Evaluation at the beginning and during the communication effort allows for programmes to be modified before limited resources have been inappropriately expended.

It indicates if there is a need for additional funds or other resources such as funds, personnel and time to keep the communications programme on track.

It helps avoid making the same mistakes in future communication efforts: Evaluation is a continuous learning process and each subsequent programme should be an improvement over the previous one.

2. Process evaluation

Program monitoring or process evaluation looks at the objectives and work plan which has been developed and compares these with what is happening while the program is ongoing. It examines the dynamics of a program by comparing what happened with what was supposed to happen. Standards of acceptability or criteria for success should be determined by the planning group for each intervention objective during the planning phase.

Why do a process evaluation? Process evaluation is done to ensure

- * Accountability
- * Programme development and improvement and
- * To help others set up similar services or networks



Process evaluation provides feedback to help one fine tune the program

Which activities are working, which ones are not working?

Who is being served by the program, and who is not?

Do the various activities form a comprehensive strategy?

Are they building toward a common goal?

Process evaluation is usually conducted during the intervention itself, rather than after the program has been completed. Detecting problems early allows time for adjustments that can enhance the success of the program. As part of a process evaluation, you should document the extent to which each of the specific intervention objectives has been met. Major issues that your process evaluation data may address include the following:

- * **Coverage:** Is the intended target group participating?
- * **Finances:** Are funds being used properly and according to budget guidelines?
- * **Activities:** Are the planned activities being delivered and are they being delivered correctly?
- * **Changes in policy and in the social or physical environment:** Have the necessary steps taken place to encourage laws, rules, or environmental changes supportive of healthy public policy and lifestyle choices?

Although process evaluations are particularly helpful in the early stages of a project where findings can be used for immediate improvement, one should also incorporate periodic or continuous quality assessments into the project to allow ongoing assessment and monitoring. It is important to examine quantitative information such as program records in order to gather information on program activity. Also, conduct periodic surveys and monitoring to collect such information as



- * The number of activities completed, sessions provided, and participants attending.
- * Demographics of the participants and the number of participants completing the activity.
- * The number of work plans developed and intervention products produced.
- * The number and types of activities undertaken to achieve changes in policies, laws, or the environment.

Process evaluation may also rely heavily on qualitative data. For example, input obtained from both project staff and participants can provide useful information on the quality of the program. Qualitative data also include feedback from gatekeepers, logs kept by staff, minutes of community group meetings, and information from focus groups, interviews, and open-ended questionnaires. Process evaluations are concerned with what has been done, when it was done, who did it and to whom, how often the information was useful, and how well it was done. Search for existing data and collect only useful information. Data do not have to be measured for every individual but on an appropriate sampling of participants.

Records for Process Evaluation

- * Newspapers (column inches or number of stories)
- * Media coverage
- * In-house memos
- * Legal documents (licenses, rental agreement, leases)
- * Bills, purchasing orders, and invoices
- * Descriptive materials on interventions
- * Diaries or questionnaires completed by participants
- * Attendance and membership logs for community group
- * Materials generated by community groups and working groups
- * Minutes of community group meetings



- * Flyers announcing meetings
- * Assignment sheets, timelines, and workplans
- * Activity or field-trip rosters
- * Correspondence to and from community group members, the community
- * Logs or journals kept by staff

Outcome Evaluation:

Why should one carry out outcome evaluation?

One should evaluate a program because an evaluation helps us accomplish the following:

- * Find out what is and is not working in our program
- * Shows our funders and the community what our program does and how it benefits our participants
- * Raise additional money for our program by providing evidence of its effectiveness
- * Improve our staff's work with participants by identifying weaknesses as well as strengths
- * Add to the existing knowledge in the human services field about what does and does not work in our type of program with our kinds of participants

Despite these important benefits, program managers often are reluctant to evaluate their programs. Usually this reluctance is due to concerns stemming from a lack of understanding about the evaluation process.



Writing an evaluation report

The characteristic of a good evaluation report in contrast to one not up to the mark are as follows:

A Good Evaluation Report is...

- * impartial
- * credible
- * balanced
- * clear and easy to understand
- * information rich
action oriented and crisp
- * focused on evidence that supports conclusions

A Weak Evaluation Report is...

- * repetitious
- * too long
- * unclear and unreadable
- * insufficiently action oriented
- * lacking hard data and relying on opinion
- * poorly structured and lacking focus on key findings
- * lacking comprehension of the local context
- * negative or vague in its findings

(Source: Adapted from DAC review of principles for evaluation of development assistance, 1998)

A well-written and organized report is an excellent way to share the evaluation data with all interested parties. You may want to develop more than one version of the report with each version designed for the needs of a particular audience. The information and how you present it to the state epidemiologist or county medical society might be quite different from how you share it with members of the community. In general, the shorter, more direct, and simpler the report, the more likely decision makers are to use it. You should write in active rather than passive voice. A report includes these major components:



A. Include a brief summary or abstract that concisely describes the intervention objectives, methods, processes, and results. Write both the abstract and the report in language that is free of jargon or technical terminology. The quality of this summary often determines whether the remainder of the report is read.

B. Include a description of the *purpose* of the intervention and the evaluation questions. Readers need to know why the intervention was initiated, what it intended to achieve, and why the intended achievements are important.

C. Include a brief *description of the intervention* that helps readers understand the activity. The project description should be thorough enough so that a reader who is not familiar with the program can understand it. Also included in this section are the major evaluation questions and hypotheses that guide the evaluation.

Address these five major elements in the description:

1. Describe the intervention strategy. For instance, the intervention used group or individual counseling, behavior modification contracting, multiple media, or self-help groups. How are these techniques coordinated with environmental measures and policy development?
2. Materials and content of the intervention.
3. Intervention, including the location, frequency, duration and number of participants.
4. Staff, including the number of staff, facilitators, volunteers, types of training received, and duties.
5. Include a brief description of one representative event. Provide an illustrative story, anecdote, or an audiovisual supplement, as appropriate.

D. *Methods* of evaluation should describe the techniques for collecting the data used to assess the intervention. In discussing the design, measures, and data collection for the evaluation, include both the judgments allowed by the design and the limitations of such designs and measures. You are responsible for explaining any deficiencies in the evaluation procedures.



E. *Data Analysis* should describe the data that were collected, how they were handled, whether a computer was used, which computer program was used, which statistical tests were used, and the standards set for statistical significance. Qualitative data require a description of how data were coded; who reviewed, rated, or analyzed the data; and the problems encountered in analyzing the data.

F. *Describe findings and conclusions* for each question asked in the evaluation. These results should be interpreted in relation to the overall aims of the intervention. Include both positive and negative results, and explore possible reasons for results. *Avoid claiming more than the data can support.*

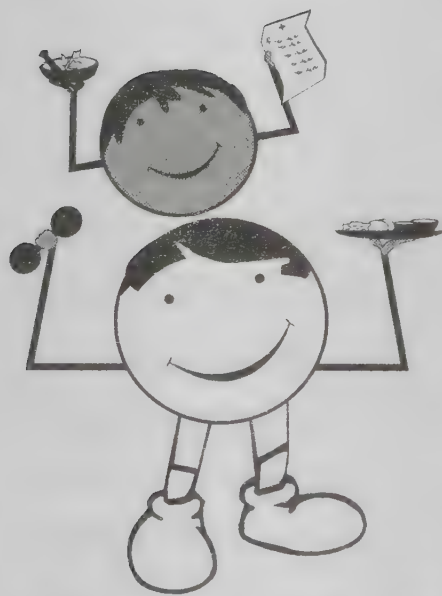
G. *Keep tables, graphs, and figures* simple and easy to interpret. Overwhelming the reader with visual information is a common error. Include tables or graphs that help to clarify the information and conclusion being presented or that may explain why alternative explanations are not considered. Append any additional charts and graphs to the report to allow those interested in more information to investigate further. The narrative for the tables should enhance and expand, but not reiterate, the data provided.

End the report with a summary of the findings, general conclusions about the intervention, and recommendations for improvements.

Getting the report read and used

Getting the report read and used requires identifying the information needs of decision makers. Realize that evaluation results are only one of many factors involved in decision making. Therefore, tie the results of the evaluation to the priorities of the decision makers before submitting the report. Keeping the report as objective as possible and providing constructive criticism when appropriate will improve decision makers' willingness and ability to use it. Confidentiality, sensitivity, and objectivity are paramount. Information from evaluation reports is often used to make important decisions that affect people's lives.

**HEALTH
PROMOTION
MANUAL
PART-II**



**HEALTH
EDUCATION**



PREFACE

SECTION I

I. BACKGROUND AND INTRODUCTION 1

Health Education
Nutrition
Hygiene and Sanitation
Active Lifestyle
School Health Education

II. TRAINING MODEL 8

Health Education Method
Solution Vision
Assimilation Model Building
Practice Integration
Designing for Large Scale Diffusion

III. PROGRAM GUIDES

1. NUTRITION WORKSHOP 14-27

- i. General
- ii. Session 1: Multimedia Presentation: Seeing the Model
- iii. Session 2: Match the 'Thali' Game
- iv. Session 3: Analysis Chart
- v. Session 4: Food Guide Pyramid
- vi. Session 5: What if? Story
- vii. Session 6: Role Model Story
- viii. Session 7: Preparing the Thali [Tips and Tricks]
- ix. Session 8: Preparing the 'Dream Thali' / Shopping
- x. Session 9: Experiencing the 'Thali'

2. HYGIENE & SANITATION WORKSHOP 28-44

- i. General
- ii. Session 1: 'Hygiene and Sanitation' Multimedia Presentation
- iii. Session 2: F Diagram and Fly Chart
- iv. Session 3: Story on Hand Washing : Cost-Benefit Analysis
- v. Session 4: Discussion: Alternate Resource
- vi. Session 5: Mime [Role Model] and Mimicry [Cultural Practice]



- vii. Session 6: Role Model Story: Water Seal Latrine
- viii. Session 7: Discussion: Government Role
- ix. Session 8: Sanitation Model
- x. Session 9: Glo(w)-germ Kit Use

3. EXERCISE WORKSHOP 45-54

- i. General
- ii. Session 1: Multimedia Presentation: Enablers & Disablers
- iii. Session 2: Discussion
- iv. Session 3: Story: Aspiration and Exercise
- v. Session 4: Analysis Chart: Aspiration and Exercise
- vi. Session 5: Lets Do It! Practical Exercise Program

4. PROGRAM GUIDE: ORGANIZING THE WORKSHOPS 55

5. NOTE ON MAIN APPROACHES 62

- i. Inquiry and Discussion
- ii. Role Play
- iii. Story

IV. LEARNINGS 72

SECTION II

STAYING WELL 74-104

SECTION III:

REFERENCES

SUMMARY SHEET OF NUTRITION

SUMMARY SHEET OF HYGIENE AND SANITATION

SUMMARY SHEET OF EXERCISE



PREFACE

This is second part of our four part manual on Health Promotion through Schools and deals with health education as the main pivot of health promotion and disease as well as death prevention.

The first section in this part deals with health education as we have undertaken it here at Ramakrishna Mission Home of Service on behalf of the World Health Organization. The uniqueness of this health education program is that it tries and successfully incorporates principles and best practices which have delivered results from such diverse fields as physiology, education, medicine, industry, advertising and software engineering to name a few - all distilled and made digestible for the most uninitiated and unlettered of human beings.

The second section on staying well mainly brings students, teachers, staff and community of schools many small but valuable insights for staying well.

*We are sure that this work will prove useful to all those concerned with ensuring Indian School-Going Children's health, academic, athletic and extra-curricular excellence and socio-economic progress of the nation. However, the **main challenge** is to take this health education effort to each and every school going child as well as teachers, non-teaching staff and their communities in India and elsewhere especially to the socio-economically disadvantaged in rural areas. To this end we have already prepared this manual in Hindi and developed the know-how and expertise required for this effort.*

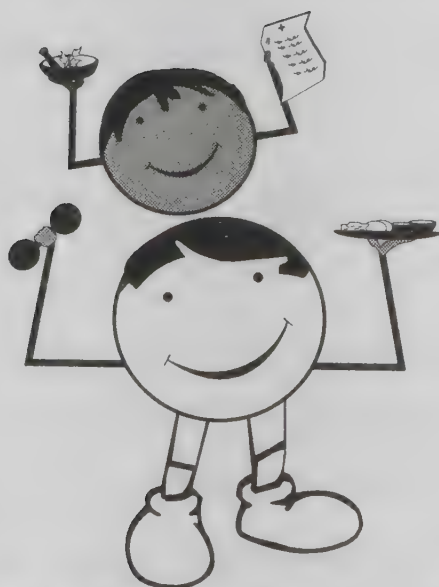
We take this opportunity to thank all concerned with making this project a success for their time and effort in the whole work. We are especially grateful to Ministry of Health and Family Welfare, Directorate of Health and Family Welfare, Government of India and the World Health Organization for their project support.

Swami Suddhavratana
Project Director

H *HEALTH* may be defined as a state of complete physical, mental, social and spiritual well-being and not merely absence of disease or infirmity.

E *EDUCATION* is the manifestation of the perfection already within man.





SECTION - I



HEALTH may be defined as a state of complete physical, mental, social and spiritual well-being and not merely absence of disease or infirmity.

EDUCATION is the manifestation of the perfection already within man.

Therefore, Health Education is essentially a positive and practical science. Positive in the sense that it has an ideal, which is far greater than the narrow connotations (meaning) generally ascribed to it; as for example being physically healthy is not only to be free from disease or infirmity, but complete well-being implies having vigorous work capacity and boundless enthusiasm besides being physically well-built. Same applies to mental, social and spiritual health. At the same time the science is immensely practical for the ideas and information regarding all the aspects of health have to be practiced day and night till perfection is manifested. **THUS PRACTICE** forms the core of Health Education.

Finally, being a practical science implies that verification and experimentation is not only desirable but absolutely essential, by means of tools which are applicable and available.

From the above brief outline of Health Education it will be easily understood that the present manual can neither be comprehensive nor exhaustive but can only provide basic guidelines for healthy living. The final goal can be achieved by the help of other knowledgeable and healthy persons, relevant literature and **MOST IMPORTANTLY OUR OWN SELVES!**





A person can be said to be physically healthy if he or she is :

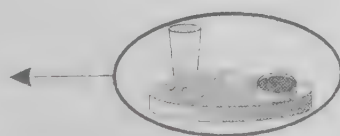
WELL-BUILT: This means that the person has achieved normal height and weight according to age, sex, race and individual potentials (Please see part III on *Health Services*) and has vigorous **WORK CAPACITY** and boundless **ENTHUSIASM**.

this later is an emphasis on the functional aspect of physical health just as built is on the structural aspect.

Thus we can see that a person who, is well built but cannot work vigorously and enthusiastically is not physical healthy and similarly one who can work vigorously and enthusiastically but is not well built is also lacking as far as physical health is concerned. For- our purpose it is very important that we give equal and adequate emphasis on both the aspects of physical health.

Now, let us see as to what is required to become physically healthy once we are born healthy. These requirements can be summarized under the following four heads:

(1) Nutrition



(2) Exercise



(3) Hygiene (Personal and Public) and



(4) Sound mental, social (including life skills) and spiritual health.

Apart from the above major requirements there are many insights and details of day to day life-style, besides those known to our people in general, which helps an individual to be truly happy, healthy and wise. An attempt has been made to summarize these under '**staying well**'.



Good nutrition is the basis of success in achieving any aspiration of any individual related to beauty, brain or brawn. However, this very important basic fact is very little known and commercialization of food and consumerism take persons on a totally different path.

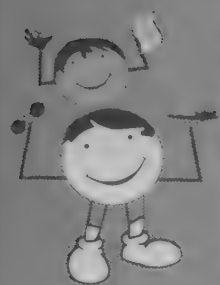
Moreover, at present India [and countries like India] is facing two-fold challenges primarily related to nutrition.

On the one hand, under nutrition results in more than 50% Indian children weighing less than normal, more than 50% children are anaemic and thousands of children are going blind every year. This severely compromises their educational and socio-economic potential. More than 80% pregnant women are anaemic in India.

On the other hand, there is an epidemic of cardio-vascular diseases in young economically productive Indians because of over nutrition and malnutrition! Over the past 40 years, the prevalence of coronary heart disease in urban **India** has increased by a factor of six to eight, to about 10 % among persons 35 to 64 years of age. Westernized diets and patterns of physical inactivity result in elevations in blood pressure, body weight, blood sugar levels, and lipid concentrations.



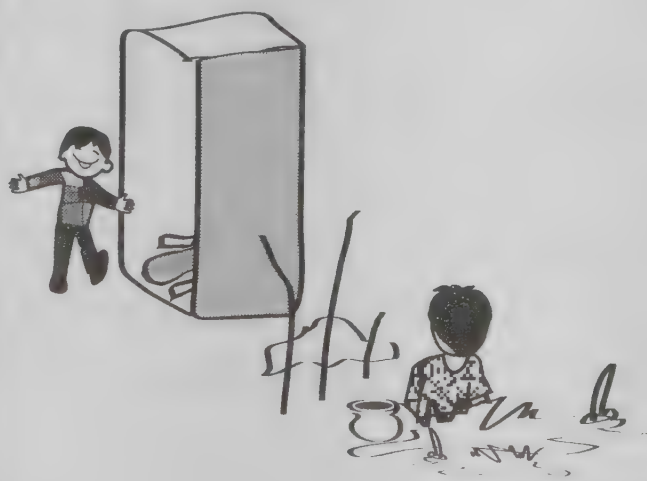
50% Indian children are Malnourished



Good Hygiene and Sanitation not only make for robust physique they also contribute to mental well-being and comfort

In India only 88% population has access to safe drinking water and only 31% has access to adequate sanitation. The major factor for this sorry state of affairs other than possible resource scarcity and mismanagement is ignorance. However, a

basic practice like washing hands with soap after defaecation is found to be wanting among majority of rural persons which is mainly related to lack of knowledge.



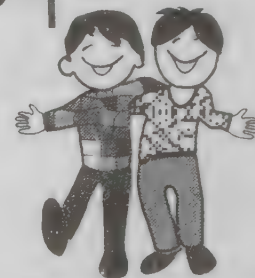
5 years Later



How He
Became
So tall!!!

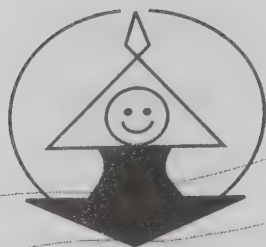


They r friend



Age: 1 years height: 75cm

The above mentioned unhygienic conditions and lifestyle is responsible for high prevalence of infectious diseases especially gastro-intestinal which contribute to high infant and childhood mortality and malnutrition and restrictive growth.



Active lifestyle is essential

for strong bone formation, emotionally

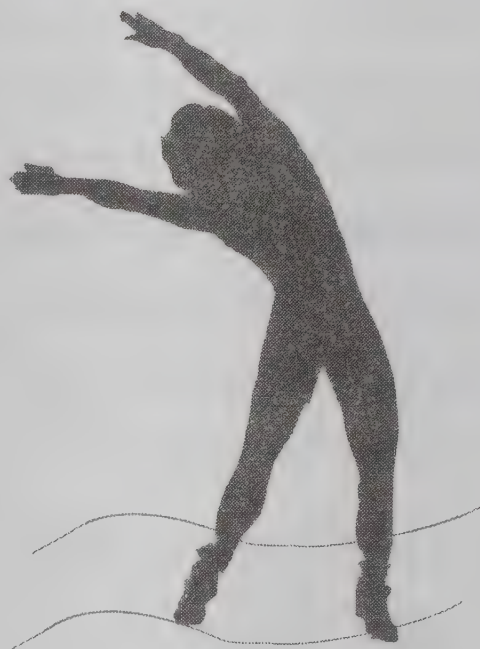
stable and healthy mental life, good

concentration, mood and memory. It

plays a major role in increasing health

and longevity as also in preventing

major killers like obesity, diabetes,



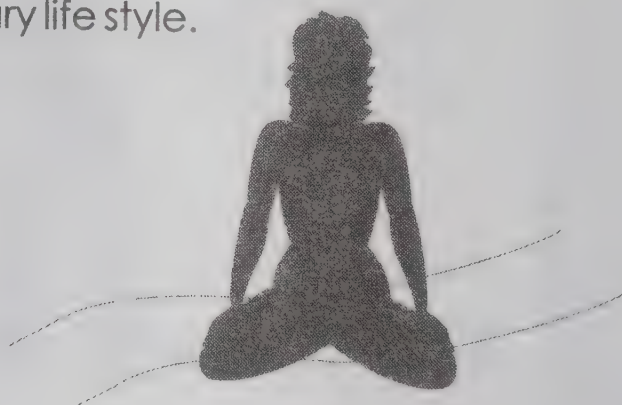
hypertension and heart diseases.

Especially after nutrition the major

contributor to the above mentioned

cardio-vascular diseases epidemic in India

is sedentary life style.





In India, while there are 184 million students enrolled in 955,000 schools and inter colleges there is a wide variation and disparity, in the infrastructure, psycho-social environment, quality and quantity of teachers, learning preparedness, learning materials, curriculum and standards; in short, the entire school experience.

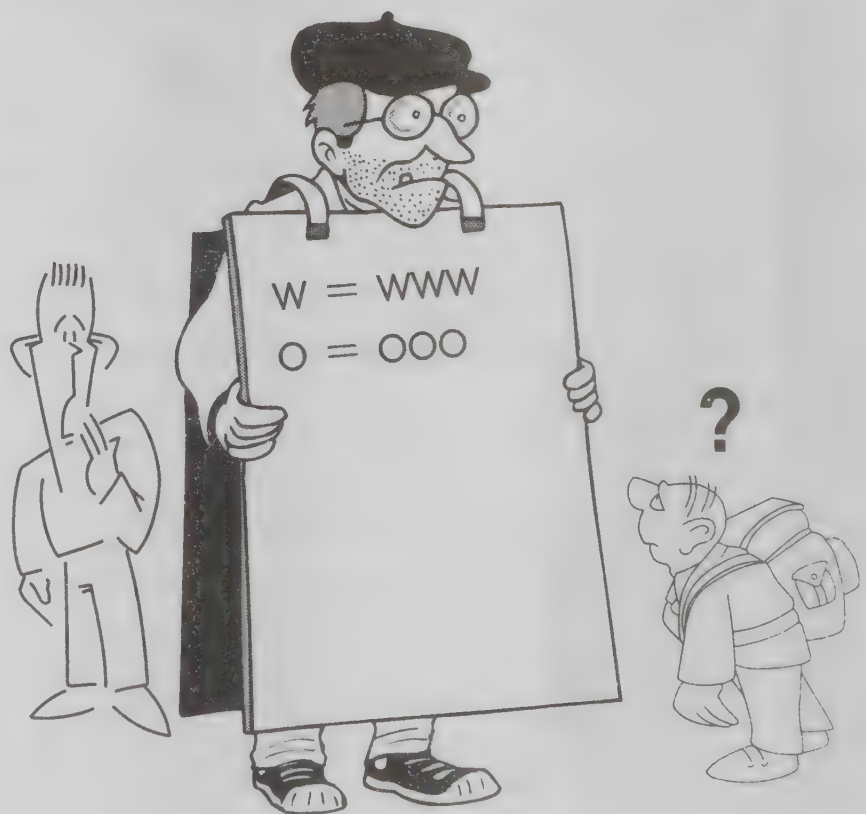
However, the advantage which school children in rural areas and especially those belonging to lower socio-economic group have is that they are not much exposed to life-styles which are otherwise health threatening like fast

foods and physical inactivity. The main problem is one of knowledge and resource mobilization.

While large number of school going children is a great opportunity of getting access to a very significant proportion of the total population, schools in most populous states face a common

problem of lack of infrastructure in terms of electric supply which makes TV even where it is available a poor tool for mass health education.

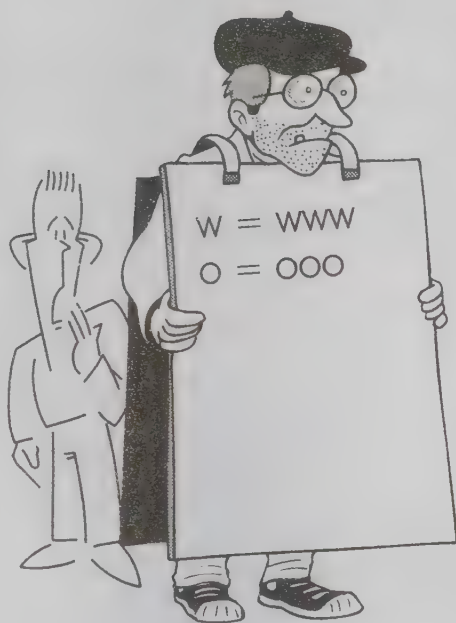
Finally school health education especially meaningful school health education is conspicuous by its absence across the board and this is at once a **challenge** and an **opportunity**.





Finally, while a three hour workshop on a health education topic is rewarding in terms of active and enthusiastic student participation and involvement providing for greater motivation and improvement, the constraints of time, personnel, monetary and managerial resources may require limiting the health education program to multimedia presentation followed by discussions which though less rewarding is highly successful in achieving very good results both in qualitative and especially in quantitative terms. It is far more useful than only books, pamphlets, posters, flip charts and the like.

?





Health Education Method:

The critical perspective shift underlying the health education methodology is the shift from the pure educator or teacher (distributor centric) directed effort where the focus is on learning the facts itself and of the pure learner (beneficiary centric) view of education that makes practice as all important to a view of education that is based on the premise that between learning and doing lies a space which can be engineered with the help of various learning methods and models to help persons grow to achieve their aspirations.

For transformation to be successful, the space that connects learning and doing has to be traversed by each individual as a member of his/her community, as per his or her own individual choice and pace. Thus the method of health education adopted here in the various workshops differs significantly from the 'traditional' methods which are usually used in such efforts. Thus our health education is a specific form of development initiative which seeks to accomplish some key transformations in the individual on behalf of the community.

These transformations are -

- (i) born in the community's own ideals and goals;
- (ii) mapped or modeled within the framework of shared community level purposes; and
- (iii) shared using methods and technologies that suit the community's own 'capacities to learn'.

Such a capability building initiative is effective and sustainable precisely because the knowledge is not 'imposed' from outside but is 'exposed' from within, in the act of structured discovery at all levels of engagement.

The shift in focus in terms of

- * educator-learner role and relationship,
- * curriculum content and model
- * assimilation process and procedures and
- * experience of the process of learning



from the traditional style of education is significant and can be thought of in the following manner:

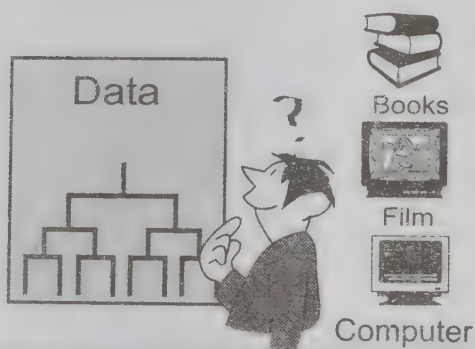
The Shift From the "Traditional Style"

Traditional Method of Health Education

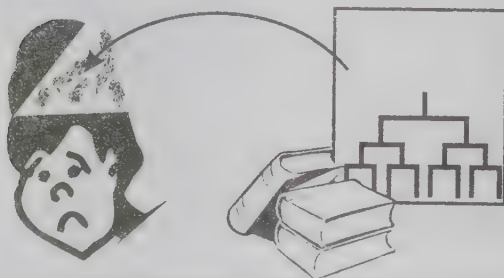
1. **Educator-Learner Role:** This is educator directed effort.



2. **The curriculum:** gives data & mainly involves concepts & is cerebral.



1. **At assimilation level** it involves understanding and memorizing and is mechanistic in nature.

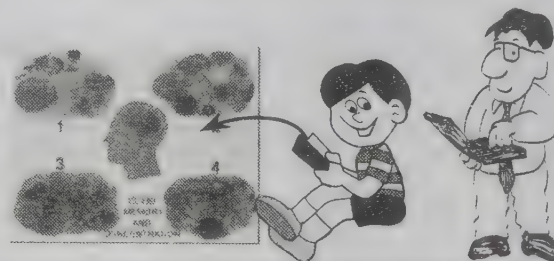


1. **At experiential level** it is mainly reaction to external stimuli.

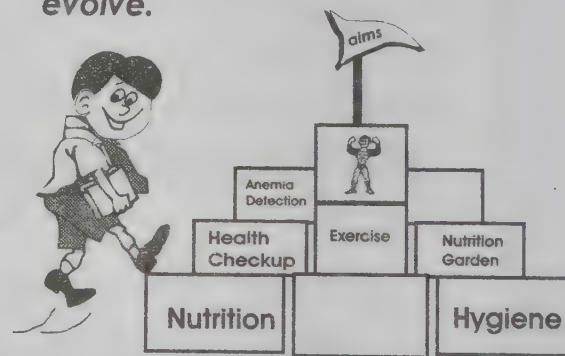


Our Method of Health Education

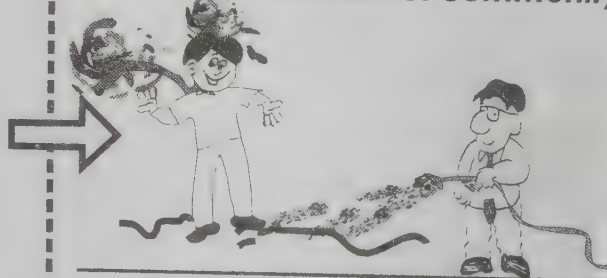
1. **The whole educational effort** evolves to enable learner to achieve his/her aspirations.



1. **The curriculum** aims at building capacities to help individuals evolve.



1. **At assimilation level** it aims at learner-spaced growth which involves his/her entire being as a member of community.



1. **Here the learner** experiences challenges which are opportunities to reach his/her aspirations.

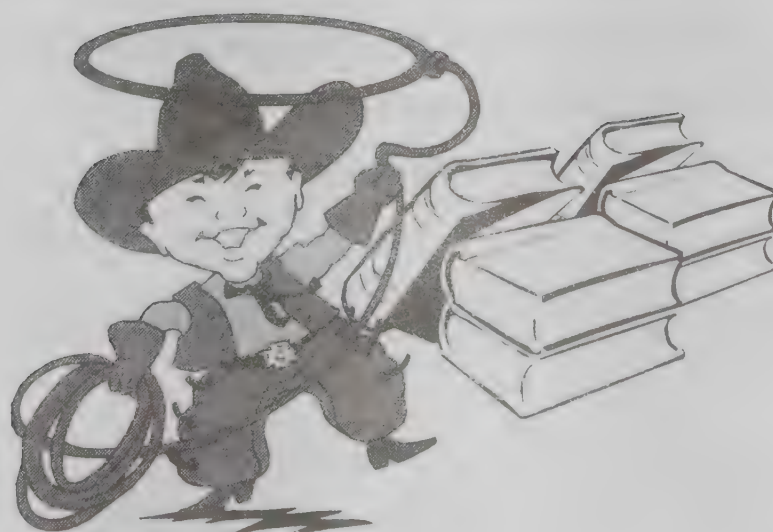




Even in our mass multimedia health education products these principles and practices have been incorporated with in the limitations of the medium which other wise makes for high quality education available to vast masses at relatively low level inputs of men, material and money with remarkable consistency.

This approach to education makes health education

- relevant
- * active
- * partycipatory
- * interesting and
- * lasting
- * with out daunting the student with an unnecessary remembering and conceptualizing capacity which in any case proves to be futile given the absence of required behaviour change.
- * It also makes for real effort at behaviour change with successful favorable outcomes.





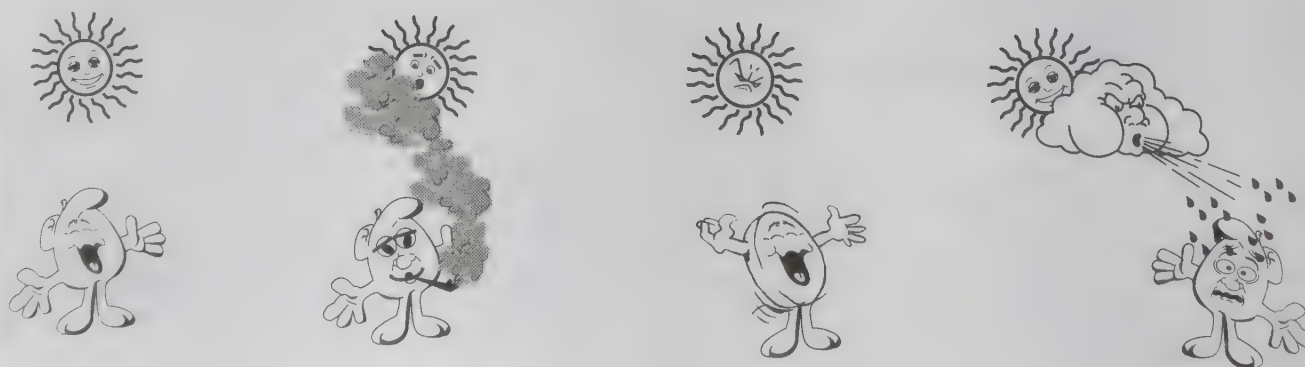
The product development process followed 4 steps as follows:

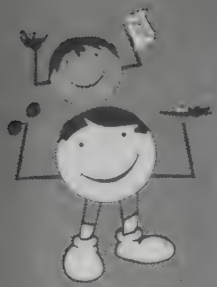
- 1) *Solution Vision*
- 2) *Assimilation Model Building*
- 3) *Practice Integration*
- 4) *Designing for Large Scale Diffusion*

1) Solution Vision:

In our development process this step was unique in the sense that instead of focusing on concepts and details of the various health education topics, we first and foremost, determined the community aspirations which are related to the subject in that how nutrition, hygiene & sanitation or exercise can help students achieve their aspirations. For this we undertook community aspiration mapping exercise organized around different target audiences. Secondly, we found out the topic related current practice of the community. Thirdly, we determined the desirable health behavioural changes required for that particular health education topic given the possibilities and constraints inherent in the community. Lastly, we designed community specific solutions taking into view the enablers and disablers in each case.

The above accomplished in the next part of solution vision was the task of converting the design of cognitive transformation into an actionable model. This once done the next step was 'Assimilation Model Building'





2) The assimilation model building was based on the following principles:

- * The model was presented by the way of practical or doable solution to a number of challenges faced by the members of the community.
- * The model was so designed that it took care of different types of learners.
- * It involved a process of discovery from within, which was structured, rather than learning of random information or acts imposed from outside.
- * It actively engaged and informed students as also allowed for practice and creative use of the learning material.

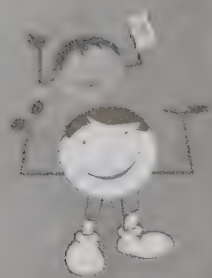
The following 5 key elements went into determining the structure of the model:

- i. Learning outcomes were clearly defined and the workshop was organized around these outcomes.
- ii. Potential approaches were explored and determined on basis of suitability, viability and validity.
- iii. Criteria were determined
- iv. The program was then built and
- v. Execution narrative was scripted.

3) Practice Integration:

This involves converting the narrative into an actual experience on the ground and consists of the following steps:

- i. Designing a framework for testing and measurement.
- ii. Creating a 'test-bed infrastructure' in terms of content, students, trainers etc.
- iii. Conducting the program and refining the narrative on basis of the feedback.
- iv. Freezing or closing the design in a way that allows future evolution.

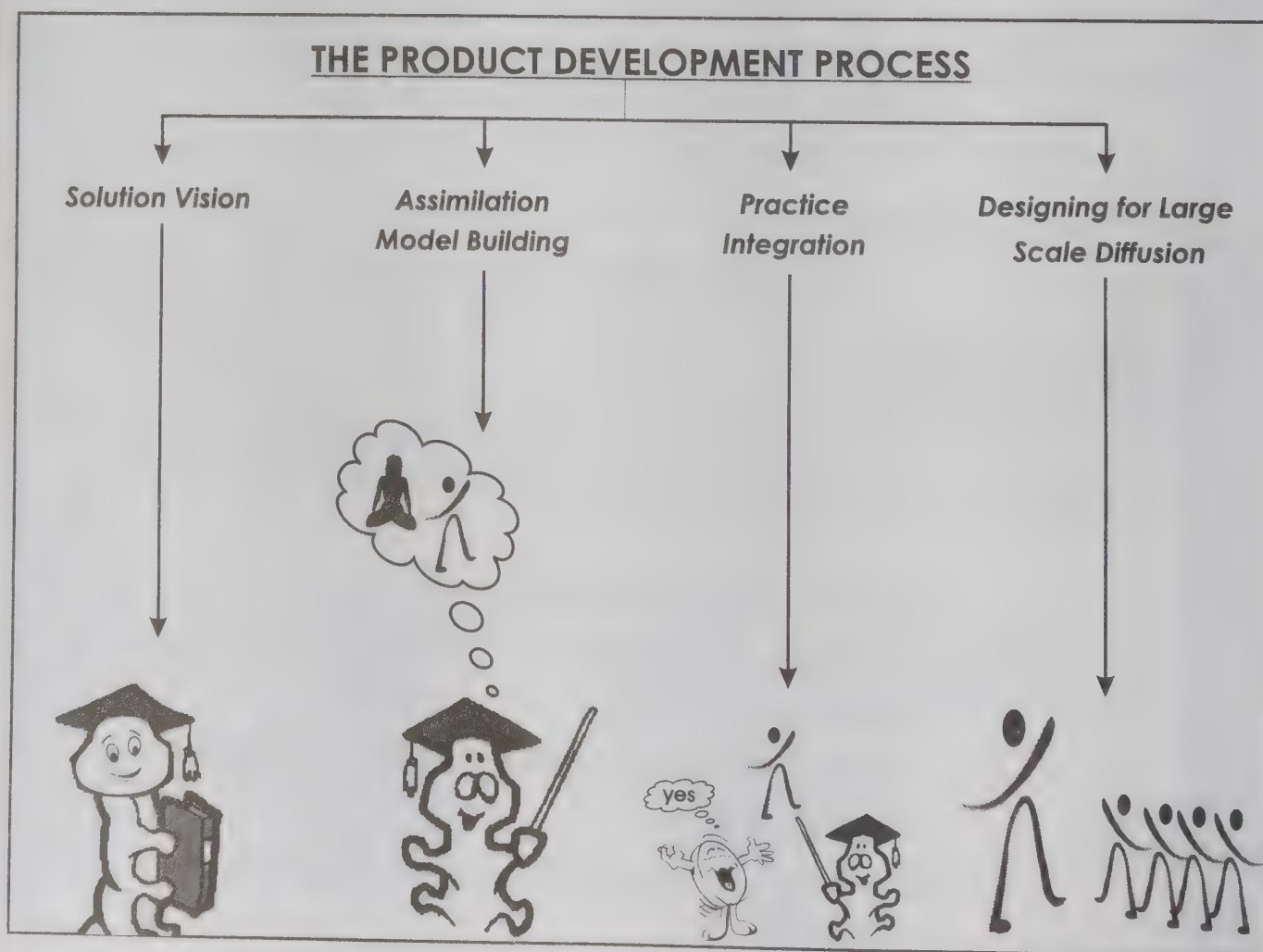


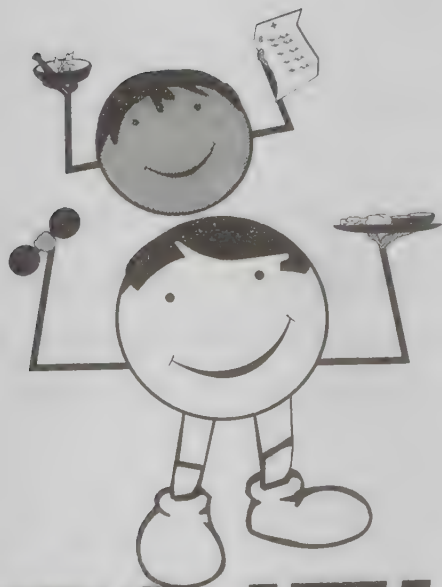
In this crucial step the work done is tested against actual response from the community especially in terms of media and development logic.

4) The final step of product development is designing for large-scale diffusion and this involves the following 4 key components:

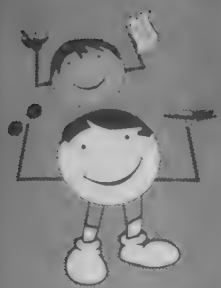
- i. Designing and developing content tool-kit in terms of actual program material
- ii. Designing and developing context tool-kit in terms of support for health educators
- iii. Designing and developing logistics tool-kit in terms of program scheduling and managing the content of the entire program.
- iv. Designing and developing tool-kit for program measurement.

Finally the workshops are executed in different schools as shown in the next section.





NUTRITION WORKSHOP



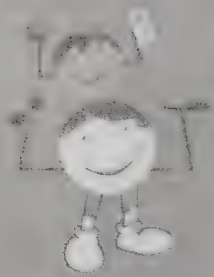
1) The Nutrition Solution envisaged the following learning outcomes as crucial:

- * Green leafy vegetables and fruits need to be consumed with a greater regularity almost on a daily basis
- * Pulses and protein rich food also need to be taken on a daily basis
- * Fast food should not be taken or taken sparingly
- * Whole grains should be consumed
- * Nutrition garden can ensure routine availability of green leafy vegetables with out additional financial burden.

The aspirational outcomes [desired by the students] and cognitive transformations [desired by the health educators] were simply yet powerfully related through the 'Thali Model' which captured both the outcomes and the enablers. [Here it needs to be noted that 'Thali' is Hindi for dish]

2) The Assimilation Narrative which was then integrated was as follows:

- I. Seeing the Model
- II. Accepting the Model
 - a. Match the 'Thali' game; Analysis Chart; Food Guide Pyramid [For the analytic minded and general understanding]
 - b. Stories [For the emotional / sensory: What if? Group]
 - c. Stories / Role Play [For the tradition oriented; role-model]
 - d. Tips and Tricks [For the pragmatic action oriented]
- III. Owning the Model
- IV. Experiencing the 'Thali'



The various sessions were as follows:

Session : 1

Multimedia Presentation

Session : 2

Match the 'Thali' Game

Session : 3

Analysis Chart

Session : 4

Food Guide Pyramid

Session : 5

'What if?' Story

Session : 6

Role Model Story / Role Play

Session : 7

Preparing the 'Thali' (Tips & Tricks)

Session : 8

Preparing the 'Dream Thali' / Shopping

Session : 9

Experiencing the 'Thali'

During session 9 students are given summary sheets, assignment sheets along with anaemia detection charts and explained their purpose and submit the completed assignment to a predetermined teacher on a predetermined date.

**Session 1:****MULTIMEDIA PRESENTATION**

Overview: Nutritious Food is the basic ingredient that helps students fulfill their aspirations related beauty, brain or brawn. This simple multimedia presentation has a genie explain to students the various foods which are essential to achieve success in different fields. That whether i) they want to do well in examinations through good memory and concentration or ii) be tall and muscular or iii) have long black hair or iv) have glowing, smooth, flawless skin the key is to consume certain foods. Each aspiration is linked to a different set of food. Thus it creates a relationship between particular type of food and certain aspirations in the mind of the students.

Objective: To make students aware of a direct relationship between food consumed and aspirations fulfilled.

Time: 11 minutes

Material: Screen, stand, projector, DVD player, connection making DVD, tool box, connecting wire, speakers.

Delivery: The multimedia presentation is screened for the students following a brief introduction.

Evaluation: How does the multimedia film hold the attention of the students; and how do they react to the insights available in the film. Finally does it stimulate questions in the next session?



Session 2

MATCH THE 'THALI' GAME

Overview: Here students are given an opportunity to engage in an exercise which requires them to match a particular aspiration with the appropriate 'Thali'. This stimulates students and actively involves them with the 'Thali' Model.

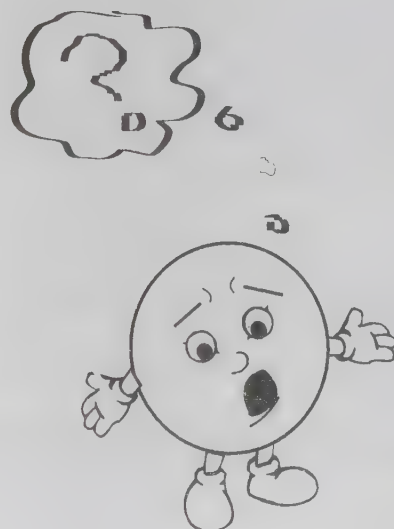
Objective: To engage the students with the 'Thali' Model and find out whether they have seen the model in the first place.

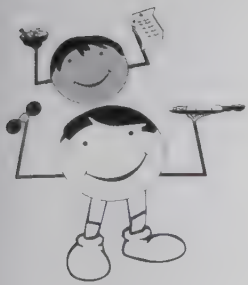
Time: 15 minutes

Material: 4 aspiration charts with 4 'Thali's on each
[see Display No-1, 2, 3, 4]

Delivery: To show each chart to the students and ask them to match the particular aspiration with appropriate food

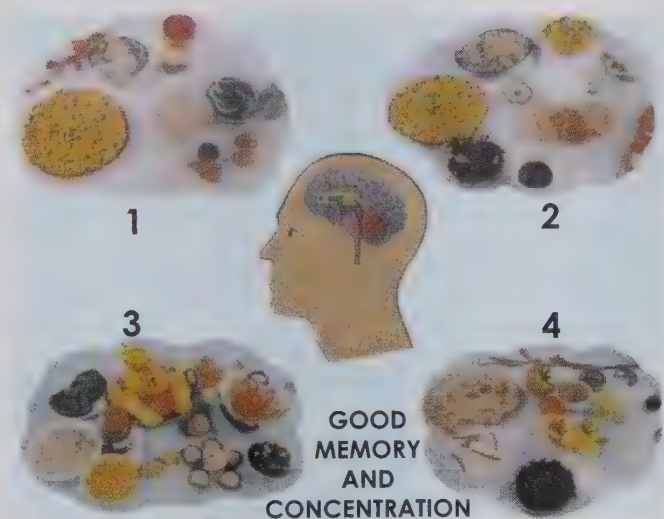
Evaluation: Whether the students match the 'Thali' correctly or not and how enthusiastically they do so.



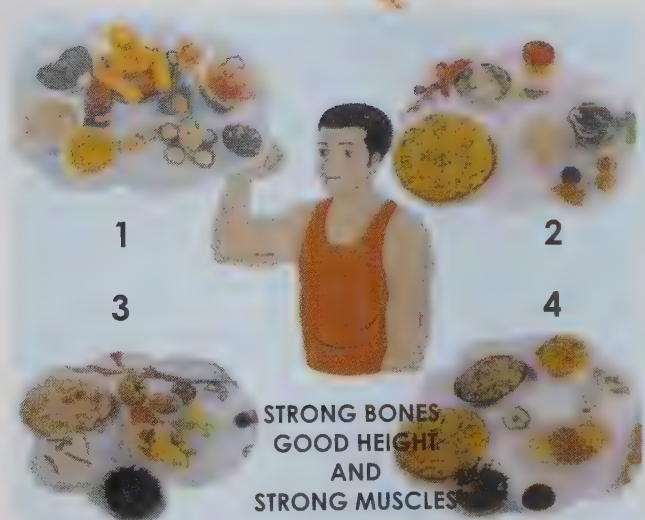


NUTRITION

MATCH THE 'THALI' GAME



Display No - 1



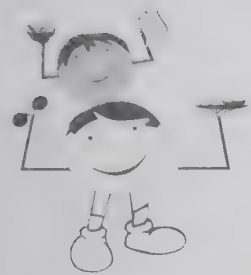
Display No - 2



Display No - 3

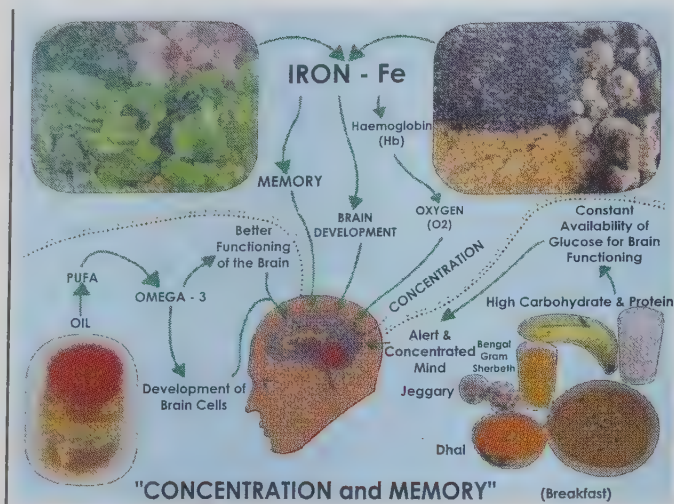


Display No - 4

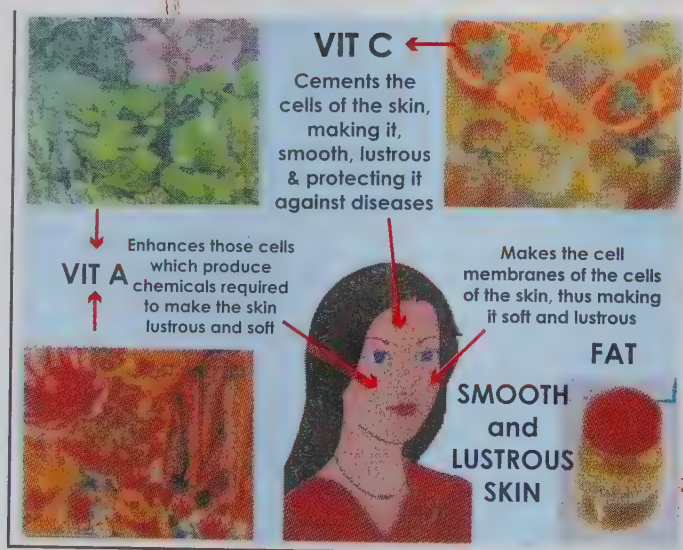


ANALYSIS CHART

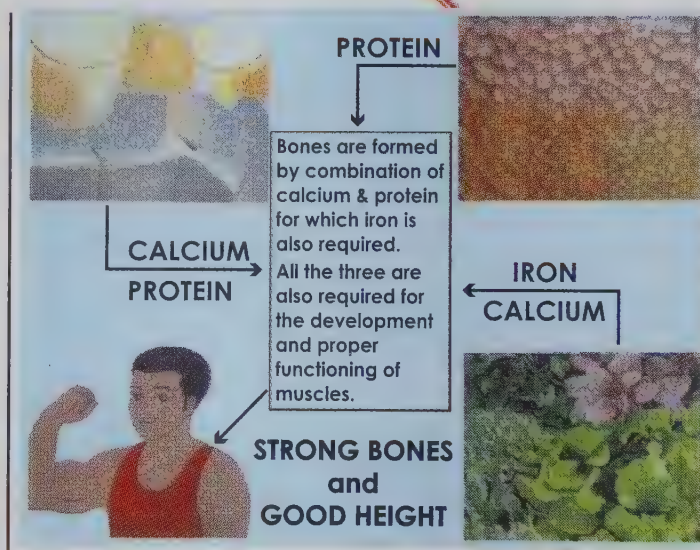
NUTRITION



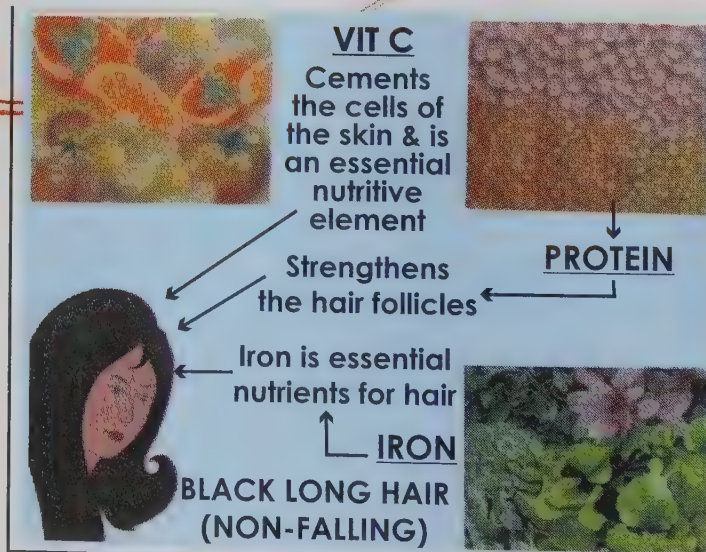
Display No - 5



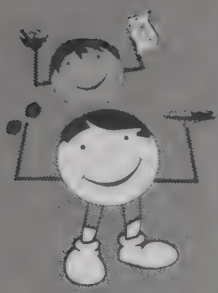
Display No - 7



Display No - 6



Display No - 8



Session 3

ANALYSIS CHART

Overview: This session is meant to discuss with the students the scientific basis of particular foods being helpful in achieving particular aspirations by analyzing their nutrient ingredients and their functions. This especially ensures that the analytical minded students accept the model and thus motivate them to accept the nutrition solution meant for them.

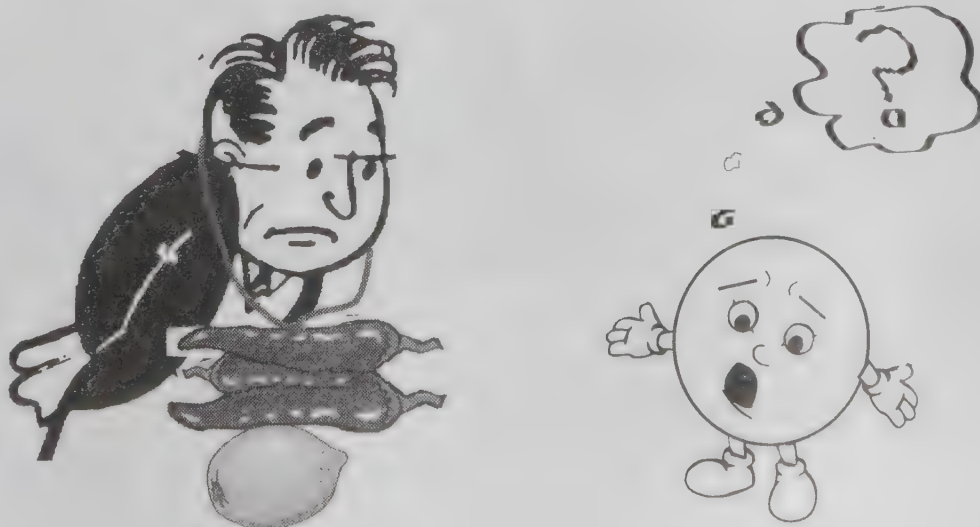
Objective: To help students gain insight into how food works to help them achieve different aspiration.

Time: 15 minutes

Material: Analysis Chart [see Display No-5, 6, 7, 8]

Delivery: A discussion is initiated with the students with the help of the analysis chart and they are provided with an opportunity to gain an in-depth insight into how food works.

Evaluation: How the students participate in the discussion and react to different insights.



FOOD GUIDE PYRAMID

Overview: Food guide pyramid is a very useful tool which at once gives the students an insight into how to take a balanced diet by letting them know which all foods need to be consumed and in what quantity and the reason for doing so.

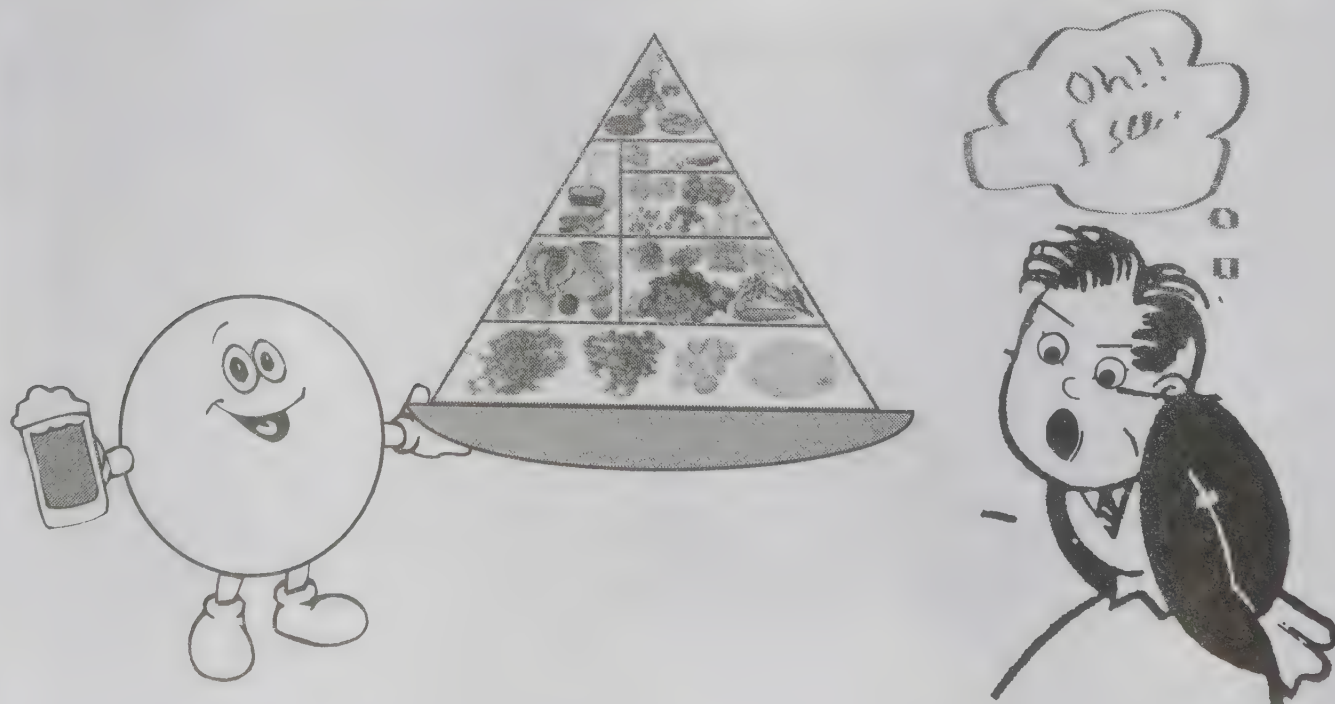
Objective: To educate the students about the various food groups and their proportion in a balanced diet.

Time: 15 minutes

Material: Food guide pyramid two dimensional model

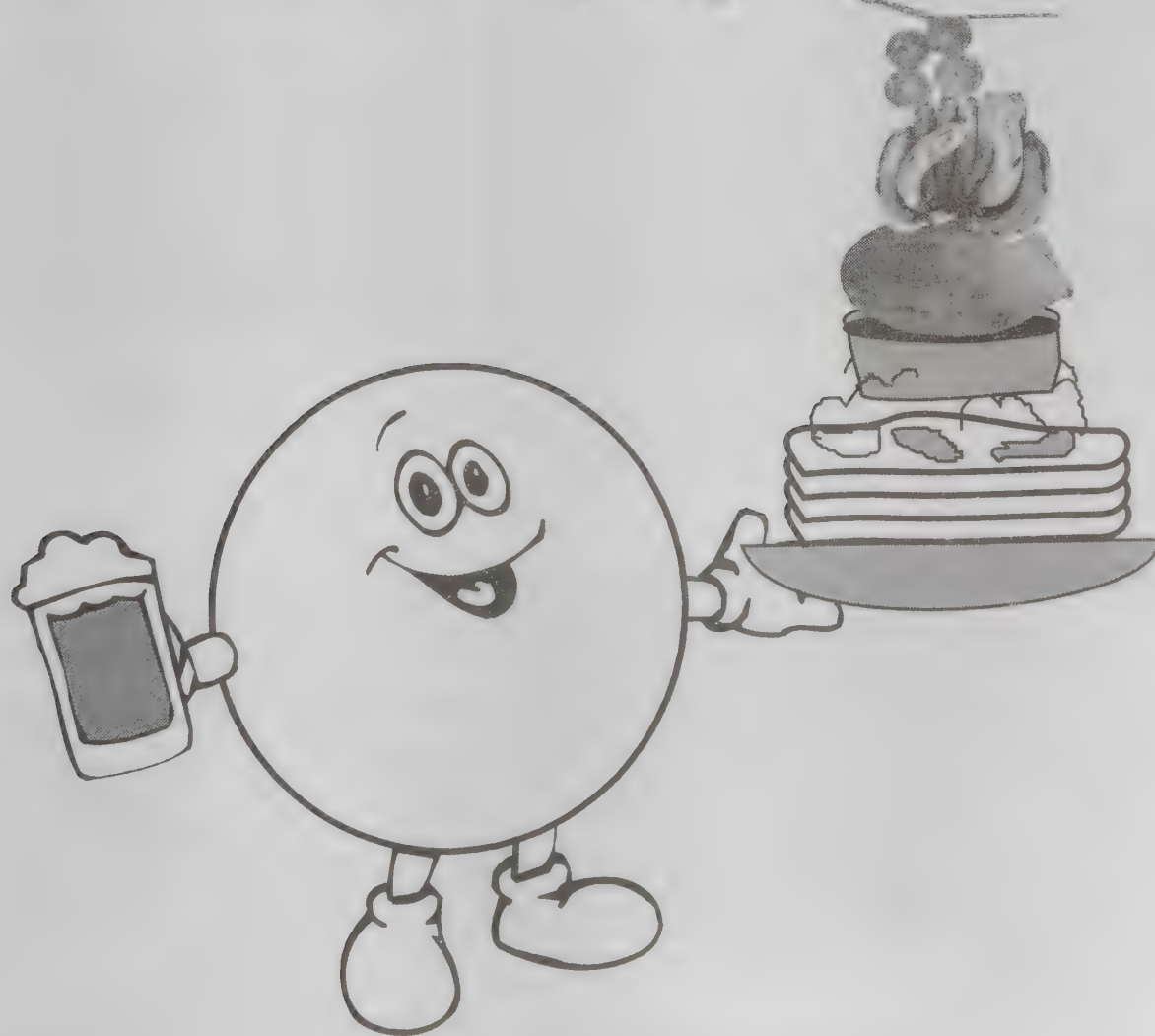
Delivery: Discussion with the students with the help of the food guide pyramid and then asking students to explain other students about food groups and their proportion in balanced diet with the help of food guide pyramid.

Evaluation: Students participation in explaining the food guide pyramid.



Healthy Snacks

Break





Session 5

WHAT IF ? STORY

Overview: Here students are engaged in story telling which helps them explore the consequences and emotions of adopting and not adopting particular food substances in their daily diet. This especially helps the consequence oriented emotional students to accept the 'Thali' model and motivates him / her to adopt healthy eating habits.

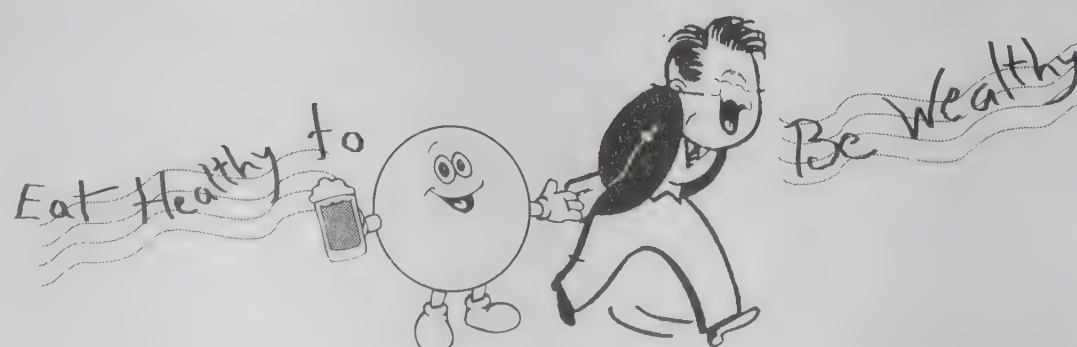
Objective: To help students discover the consequences of eating or not eating a healthy diet.

Time: 20 minutes

Material: Snap shots of the two stories
(see fig. The King Story's Display No- 10, 11, 12, 13, 14, 15, 16, & Cinderella Story's Display No. 17, 18, 19, 20, 21, 22, 23)

Delivery: The snap shots of the stories are serially presented to the students and they are required to give their version of the particular episode in the story. At the end of a particular story the various version are collated to weave a full story and then one of the students tells the whole story to the class along with message the story conveys. While telling the story and in these snap shots particular attention is paid to the consequences of one's food related choices.

Evaluation: Whether students focus their attention on the consequences of food choices in their story telling or not and also how and what autographical details students bring into the story telling.





WHAT IF ?

The King Story



Display No - 10



Display No - 11



Display No - 12



Display No - 13



Display No - 14



Display No - 15



Display No - 16



WHAT IF ?

Cindrella



Display No - 17



Display No - 18



Display No - 19



Display No - 20



Display No - 21



Display No - 22



Display No - 23



Session 6

ROLE MODEL STORY / ROLE PLAY

Overview: In this session students explore and identify themselves with various role-models who help them make food related choices in real life also and explore the feelings and potential outcomes of a social situation without suffering the actual consequences of their decisions. This helps especially the traditional minded persons to adopt and envisage better role models and hence better food choices and thus accept the 'Thali' model.

Objective: To engage students with ideal and not so ideal role models so as to help them accept the model.

Time: 20 minutes

Material: Snap shots of role-model stories (see fig. Deenu Story's Display No-24, 25, 26, 27, 28, 29, 30 & Kamla Story's display No. 31, 32, 33, 34, 35, 36) and role-model role play situations.

Delivery: Depending on the interest and readiness of students a few students are selected in two groups and handed over the role-play situations. While things are being set and after the multimedia presentation is over they get time to prepare themselves. The health educators also guide them in determining the emotions, roles and relationships that need to be focused on. Finally they come before the class to play out the various roles allotted to them and the attention of the student is directed towards the emotions and possible outcomes of the various role play situations. In case of stories the delivery remains the same as shown in session 5 above.

Evaluation: The students are then asked to comment on the role play situations and their response and autobiographical details are the measure of success in whether the students have accepted the 'Thali' model. In case of role model story the evaluation remains the same as in session 5 above except that the focus is on the emotional experiences of various role models.

PREPARING A 'THALI' (TIPS & TRICKS)

Overview: This session affords students an opportunity to creatively practice preparing the 'Thali' [dishes] for various occasions like breakfast, lunch, dinner, eating out and parties. This gives an opportunity for mastery by way of hands on job to those who are especially oriented towards action.

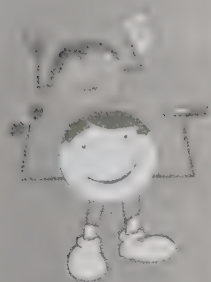
Objective: To creatively use the knowledge and skills of the students in order to assist them in accepting the 'Thali' model and greatly increase its application in real life situation.

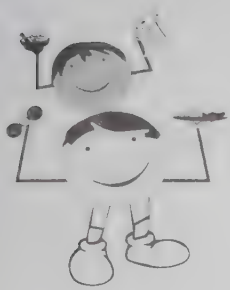
Time: 30 minutes

Material: Some small containers with Groundnuts, Flattened Rice, Molasses [Jaggery], Pulses, Rice, Gram, Sattu, Oil, Black Linseed Oil seeds, and Green Leafy Vegetables. Some items of Fast food are also placed, Plastic plates. (see fig. Preparing a thali (Tips & Tricks) Display No. 37)

Delivery: The students are divided into small groups of 4-5 students each. Each group is given one plastic plate. Each group is then asked to make one dish for a particular occasion (e.g. one group will make for lunch, another will make for dinner and so on). They are shown the ingredients. They discuss within their respective group and decide in few minutes what they want to make. According to their decision one student from each group will come and choose the ingredients and put it in their plate. Everyone has to keep silence. At the end of this step health educators go to each group and give some tips as to how the students can make their dish more nutritious and delicious. The students then add those things which they had missed or did not think of.

Evaluation: The choice of dishes and ingredients that students select as well as their response to the tips and tricks told to them is a good way to evaluate whether the students have accepted the model or not.





ROLE MODEL STORY/ ROLE PLAY

Deenu



Display No - 24



Display No - 25



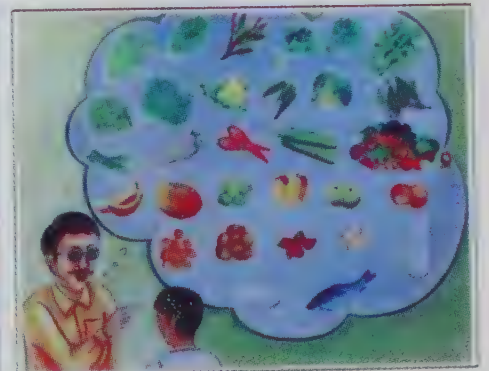
Display No - 26



Display No - 27



Display No - 28



Display No - 29



Display No - 30



ROLE MODEL STORY/ ROLE PLAY

Kamala



Display No - 31



Display No - 32



Display No - 33



Display No - 34



Display No - 35



Display No - 36



Session 8

PREPARING A 'DREAM THALI' / SHOPPING

Overview: This session enables the students to discover for themselves their capacity to alter their destiny through correct food choices and thus helps them in making the 'Thali' model their own. Here the students try to determine the missing ingredients in their diet as per their aspirations and then prepare a Thali which will help them fulfill their dreams. For younger students a shop is set up from which they can buy food items as per their choice to meet their aspirations.

Objective: To enable the students to have a sense of being able to achieve their aspirations by making the right food choices.

Time: 25 minutes

Material: For dream 'Thali': White plates one for each student, Coloured sketch pens the Dream Thali). (see fig. Display No. 38, 39) A Dream Thali' sample.

For the shop there is a shop cutout where some nutritious items and some fast foods are available, 4 cutouts of the aspirations viz. sharp brain, shinning black long hairs, strong body and good height, glowing smooth skin, and small cards of 4 colors.

Delivery: 'Dream Thali' : The students are given one white paper plate and two sketch pens of different colors. They are asked to write on the half portion of the front side of the plate what food they have taken during last 24 hours. In other half portion they have to write what they usually eat. The back side of the plate is divided into 3 parts. In one part they have to write what they want to be; in another what they should eat to achieve their goal and finally the gap between their usually diet and the necessary food is determined which they use to make their Dream Thali. A sample of Dream Thali is shown to the students



to help them in making the Dream Thali.

Shopping: This item is basically meant for very young children who are unable to write. Each cut outs of Aspiration has a different color. The students have to come and choose one colour card according to his / her aspiration. Then he / she go to the shop and choose the food items for their aspiration. If she / he choose the right food, he / she will be given some fruits or other nutritious items as a reward. If he / she will choose wrong items then other students or team members will tell him / her as to what mistake has been made. Some times the students modify their own mistake themselves.

Evaluation: How correctly the students are able to choose the food items for meeting their aspirations.





Session 9

EXPERIENCING THE THALI

Overview: In this last step students are given some nutritious snacks which are cheap, tasty and easily available so as to enable them to taste the right kind of food given the limitation of time and funds.

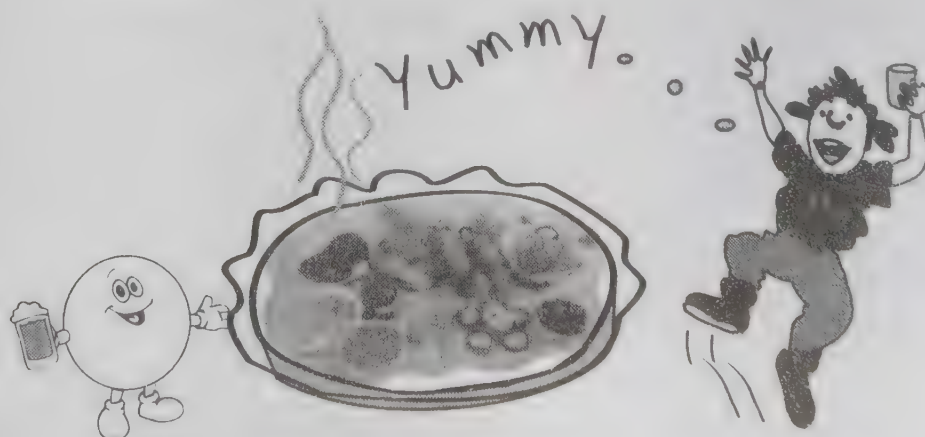
Objective: To let the students experience that nutritious dishes which can help them achieve their aspirations can be cheap, **tasty** and readily available

Time: 20 minutes

Material: Nutritious snacks like Indian gooseberry sweet pickle, Chikki, spiced sprouted boiled grams, Palak pakoda, milk with cornflakes etc. and dishes and spoon to serve these.

Delivery: The students participate in distributing these snacks to their friends. During this session students are also given assignment sheets and anaemia detection card as well as briefed about nutrition garden and given nutrition garden booklet.

Evaluation: Quietly observing the expressions and conversations of the students, as they eat the snacks given to them, is a good way of getting an insight into how the workshop has gone.





MULTIMEDIA HEALTH EDUCATION FILM

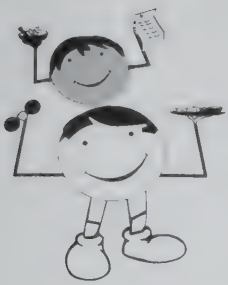
This multimedia narrative is next best to real life experience or project, where students live through the life of Amar, Kiran and Deepak as they take up challenges and build capacities through very relevant insights into nutrition and its role in meeting their aspirations and assuaging their concerns regarding diseases and death. It has the following main sections interwoven in the story:

- I. **Introduction:** Through various day to day problems faced by the students and their community in an interesting manner.
- II **Nutrition Basics:** What to eat? How much to eat? Why to eat? What happens in absence of good nutrition? Questions raised and answered through animated food guide pyramid.
- III. The importance and necessity of **green leafy vegetables and fruits.**
- IV. Where to get the necessary food items: the role of nutrition **gardens.**
- V. The need to **avoid** or very sparingly consume **fast foods.**

The instructions and learning comes through puppet-play which comes in flash-back as a solution to various challenges encountered.

As mentioned earlier the multimedia presentation too follows the same principles as outlined for our unique method of health education.

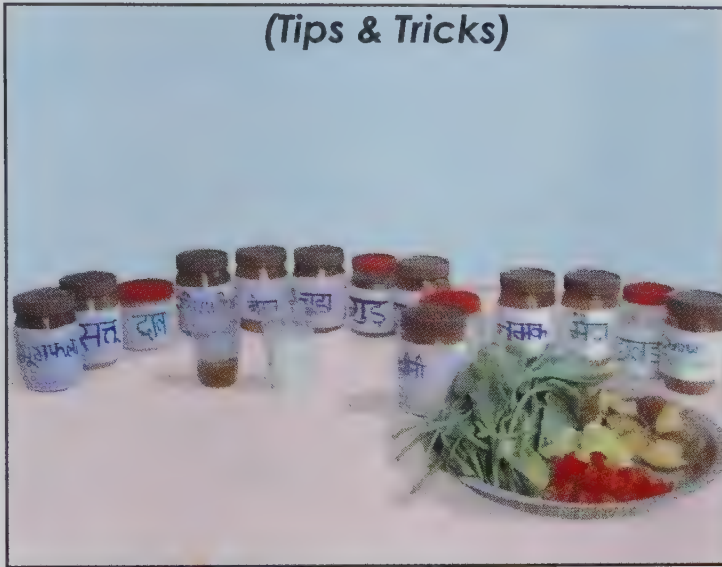




PREPARING A 'THALI' & 'DREAM THALI'

PREPARING A 'THALI'

(Tips & Tricks)



Display No - 37

PREPARING A 'DREAM THALI'

What did you eat yesterday from morning till night?	What do you eat routinely?
	Name:- Class:- School:- Date:-

Display No - 38

PREPARING A 'DREAM THALI'

What do you aspire to be?	What food is required for that?
---------------------------	---------------------------------

Display No - 39



NUTRITION

MULTIMEDIA PRESENTATION



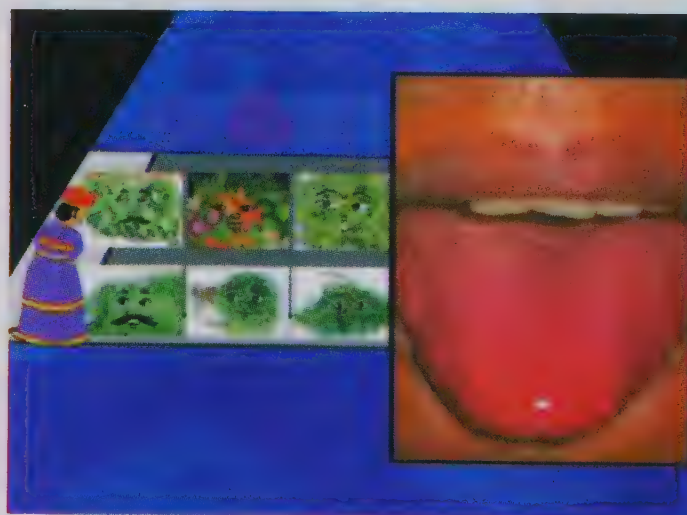
Title animation



Introducing Nutrition as real life solution



Puppets discussing nutrition



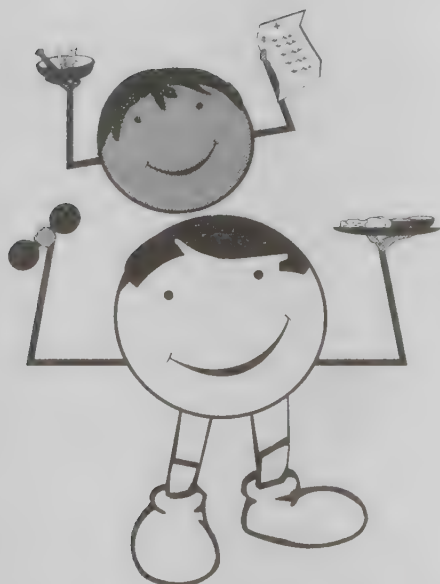
Animated



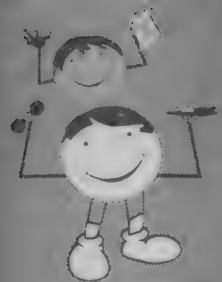
Nutrition Garden



Avoiding Fast Food



HYGIENE & SANITATION WORKSHOP



Generic Framework for the Training Program on Hygiene & Sanitation

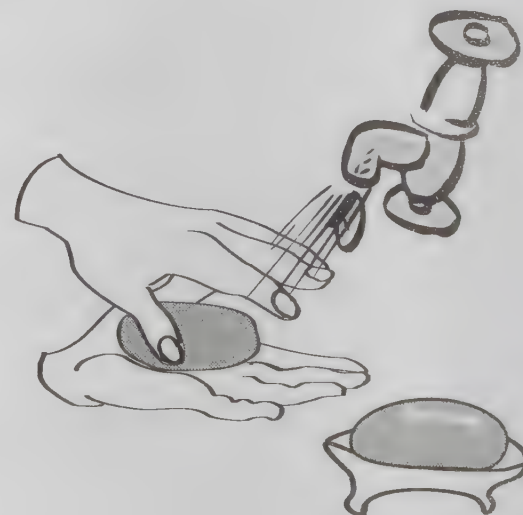
I - GUIDING PRINCIPLES FOR SANITATION AND PERSONAL HYGIENE

The Course Modules are built around the following Guiding Principles

1. Maintain Clean Handling:

Wash hands with soap and water

- * after defecation
- * before preparing meals
- * before serving meals
- * before eating
- * Pare your nails

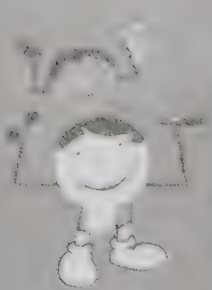


2. Keep the Environment Disease-free:

Use water-seal latrine

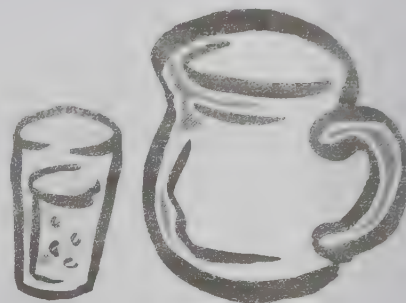
- * to avoid foul-smell
- * prevent breeding of flies
- * prevent contamination of fluids (water) and
- * prevent contamination of fields and food





3. Use Clean Water:

- * Use long-handled vessel for drawing water to prevent terminal contamination
- * Draw water from a safe source like
- * deep-tube well
- * safe well
- * municipal treated water from taps



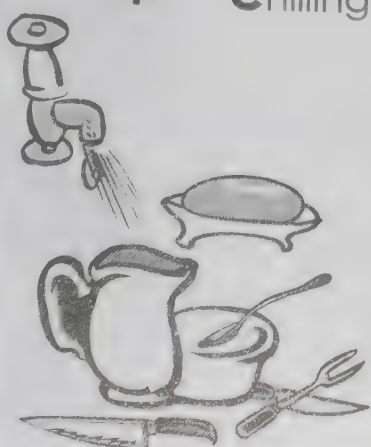
4. Maintain Clean Body:

- * Brush your teeth at least once and preferably twice a day.
- * Take daily bath; periodically with soap



5. Keep Food Safe

- * **C**leaning food, surface, utensils and tools
- * **C**ross-contamination prevention
- * **C**ooking and
- * **C**hilling or eating fresh and discarding stale food.





II - FRAMEWORK FOR COURSE MODULES

Each training module can comprise of two parts:

Part 1: Establish Cognitive Affirmation and

Part 2: Ensure Practice Assimilation

Part-1

Establishing Cognitive Affirmation around 'Guiding Principles'

One or more of these paths are used for each of the Guiding Principles:

- * Positive Effects, Description of advantages
- * What if? (eg: what if we don't wash hands before meals?)
- * Demonstration of Impact; Description the "full effects" (visually using film or pictures)
- * Specific Rules Actual 'rules' (a visual demo helps)

This was almost entirely incorporated in the multimedia presentation on Hygiene and Sanitation.

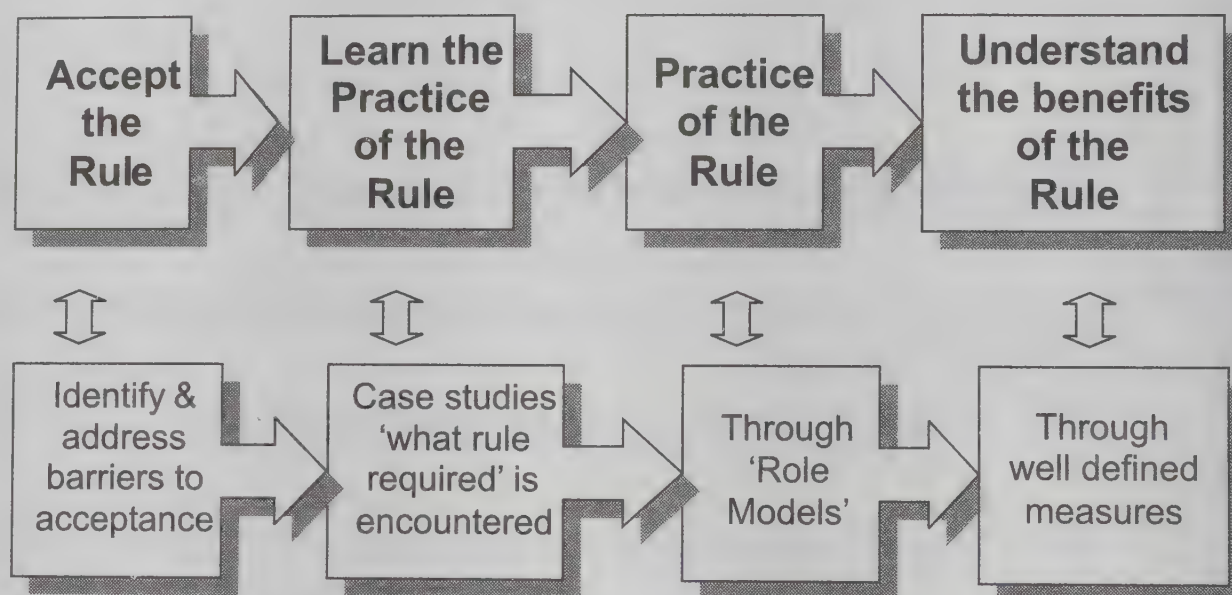




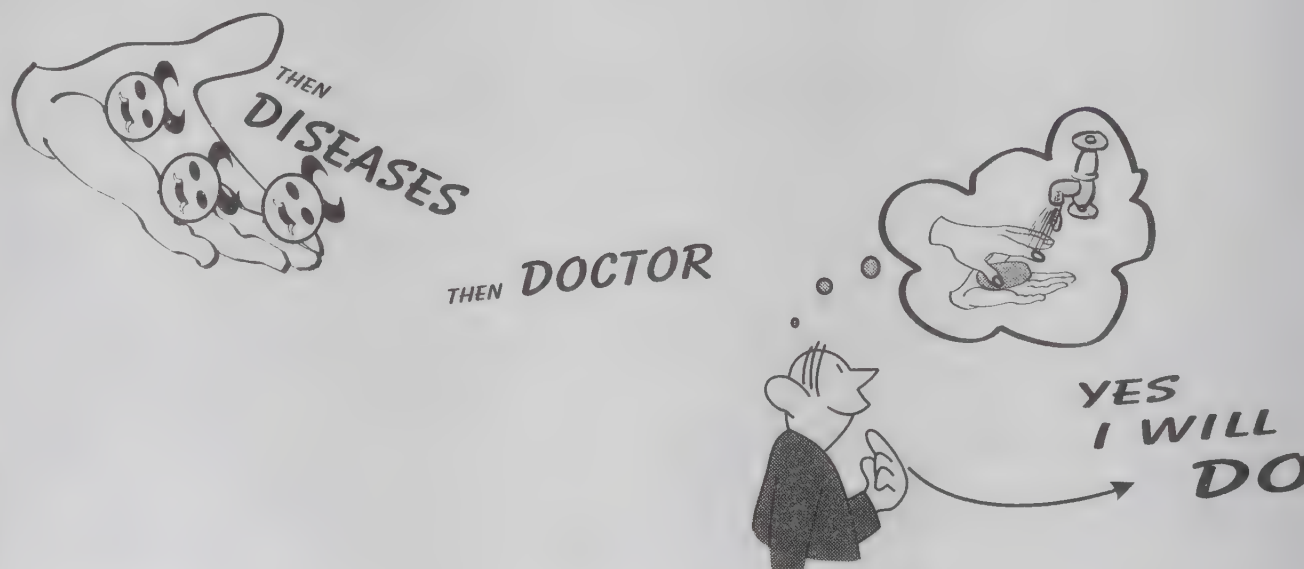
Part 2

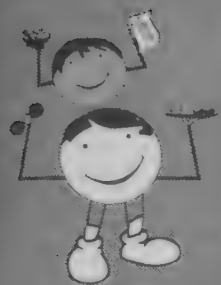
Ensuring Practice Assimilation

For ensuring practice assimilation of each of the guiding principles the following cycle needs to be followed as is done in the workshops -



In other words the above mentioned needs to be done after cognitive affirmation of the guiding rule are established.





In order to address the barriers to accepting hygiene and sanitation practice in the target audience's life the main hurdles are to be identified and classified as done below in the case of barriers to hand washing with soap:

Economical reasons:

- * Costly : Involves expenditure in buying the soap
- * Non-availability : In the field or place where they need to use the same

Social/Cultural reasons:

- * When soap was not discovered, that time we were washing by soil.
- * Some persons don't even clean their hands by soil
- * Soil & Rakh [Ash], is better than soap

Educational reasons:

- * They don't know the importance of soap
- * Some children are not cleaning their hand because their parents do not teach them about the importance of hand washing
- * Laziness
- * Fear of skin diseases



The communication framework adopted for addressing these barriers were as follows:

Cost-benefit analysis was adopted, where non-acceptance was for economical reasons, in a narrative concrete form in the context of day to day life of the target audience of students of various economic and age groups.

Alternative practice model was used to address the barrier which was socio-culture in nature especially made interesting in form of **mimicry** of well-known persons and **celebrities**.

Finally ignorance was addressed by imparting **knowledge** and information.

Thus the final workshop which evolves for Hygiene and Sanitation is as follows:



Clean hands
are a
great Boon



Dirty hands
brings us
Doom.



HYGIENE AND SANITATION

Session : 1

'Hygiene and Sanitation' Multimedia presentation

Session : 2

F Diagram and Fly Chart

Session : 3

Story on hand washing [cost-benefit & What if?]

Session : 4

Discussion on alternate resource for purchasing soap

Session : 5

Mime [Role model] and mimicry [Cultural practice]

Session : 6

Story on use of Water-seal Latrine [Role model]

Session : 7

Discussion on government role in water seal latrine

Session : 8

Sanitation Model

Session : 9

Glo(w)-germ kit use



Session : 1

MULTIMEDIA PRESENTATION

Overview: Hygiene and Sanitation is the basic building block of physical and mental health that helps students fulfill their aspirations related beauty, brain or brawn. This multimedia presentation addresses especially the following five sections on i) washing hands with soap and water, ii) using water seal latrine for maintaining safe environment, iii) maintaining bodily hygiene, iv) protecting water sources and v) food safety. In each of these the advantage of adopting the practice, the consequence of not adopting the practice, the full impact of these consequences and finally a visual demonstration of the practice are incorporated.

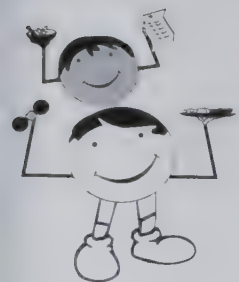
Objective: To enable the students in cognitive affirmation of the guiding principles of hygiene and sanitation.

Time: 22 minutes

Material: Screen, stand, projector, DVD player, Hygiene & Sanitation DVD, tool box, connecting wires, speakers. (see fig)

Delivery: The multimedia presentation is screened for the students following a brief introduction.

Evaluation: How does the multimedia film hold the attention of the students; and how do they react to the insights available in the film. Finally does it stimulate questions in the next session?



MULTIMEDIA PRESENTATION

HYGIENE & SANITATION



Taking food without cleaning hand



Three children die from Diarrhoea



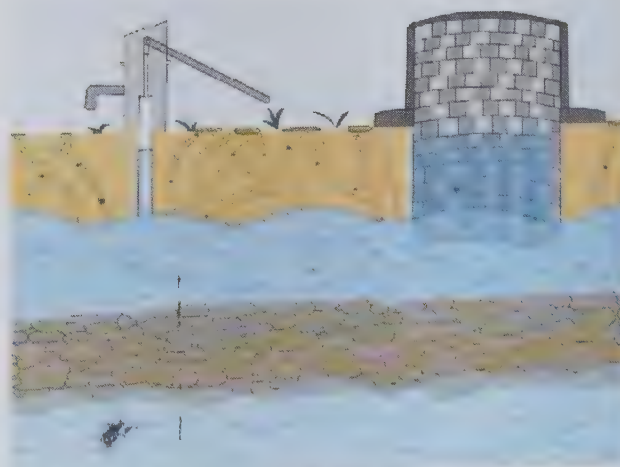
Doctor searching reason of Diarrhoea



Man washing hand by soap



Personal Hygiene

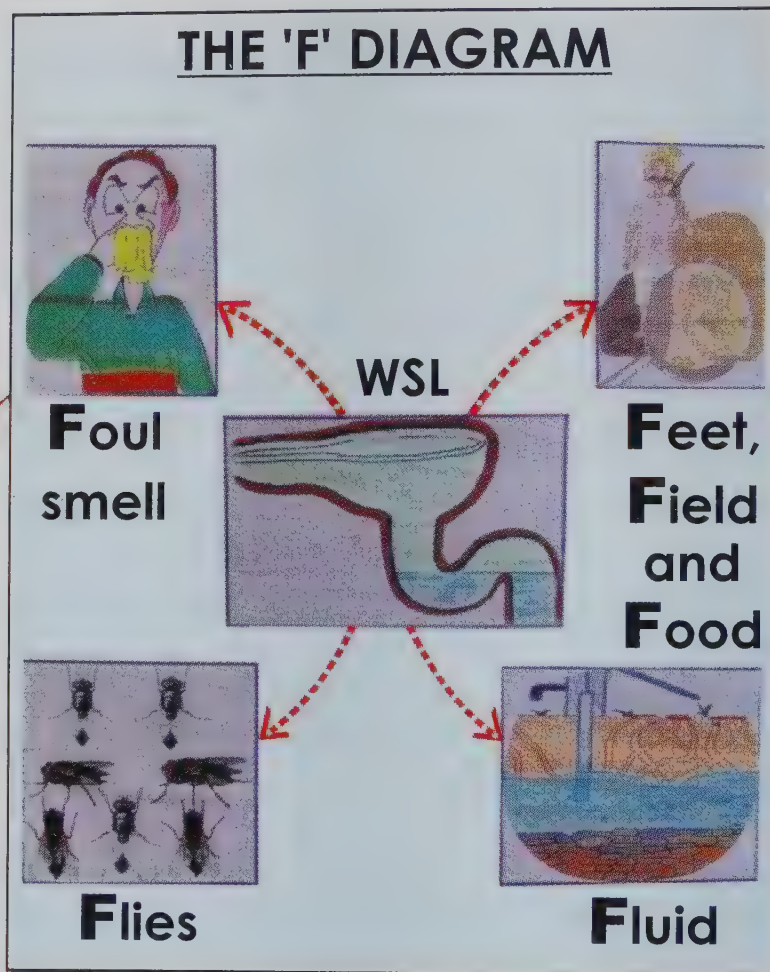


First level of water is being polluted

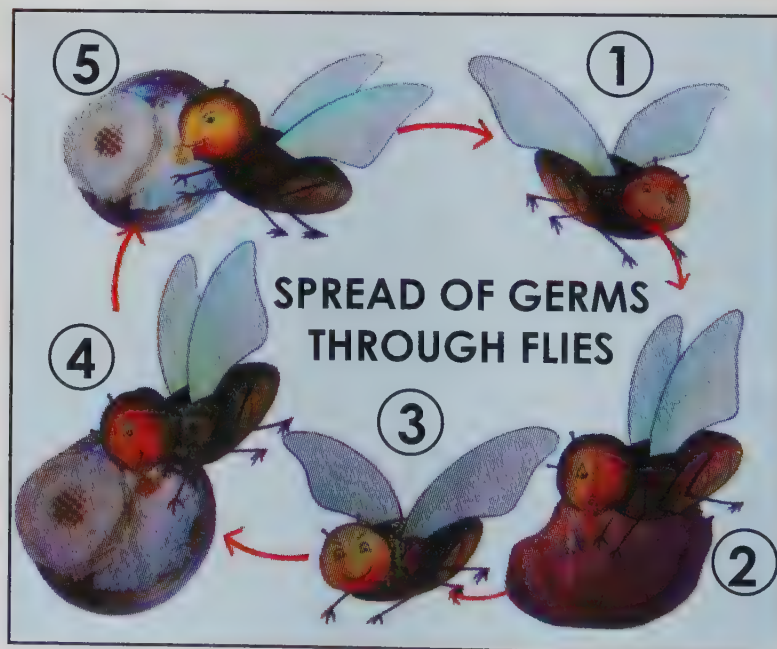


HYGIENE & SANITATION

'F' DIAGRAM AND FLY CHART



Display No - 40



Display No - 41



Session: 2

'F' DIAGRAM AND FLY CHART

Overview: Here in students are provided an opportunity to understand the problem of faeco-oral infection through contamination of fingers, flies, food & field and fluids and the role of flies in the same as well as the nuisance of foul smell in a vivid yet scientific manner.

Objective: To lay down a strong scientific basis for understanding infection and adopting the sanitation barrier afforded by the use of washing hands with soap and water-seal latrine.

Time: 10 minutes

Material: The 'F' Diagram and Sanitation Barrier and Fly Chart [see Fig. Display No. 40, 41]

Delivery: Discussion with the help of the above mentioned chart.

Evaluation: Students participation, questioning and reaction to the charts and discussions.





Session: 3

HAND WASHING STORY [WHAT IF?]

Overview: This story affords the students to explore the cost-benefit analysis of using soap to wash their hands which is directly linked to their day to day life and aspirations in the context of their actual community life. The cost-benefit analysis is done in a way that becomes meaningful to them covering the long-term so called 'hidden costs' also. The emotional price and consequences are also taken into account.

Objective: To enable students to appreciate the economic and emotional benefits of using soap to wash their hands.

Time: 10 minutes

Material: Snap shot posters of the story [see fig Kamala Story's Display No. 42, 43, 44, 45, 46, 47, 48, 49]

Delivery: Students narrate the story with the help of the snap shots; their narrative is evolved and informed further by the health educators and then the students are asked to narrate the whole story in their own way. Very young students are narrated the story to begin with and are then asked to narrate the story.

Evaluation: The final story narration by the students is observed for the necessary emphasis on the salient insights afforded by the story to the students.



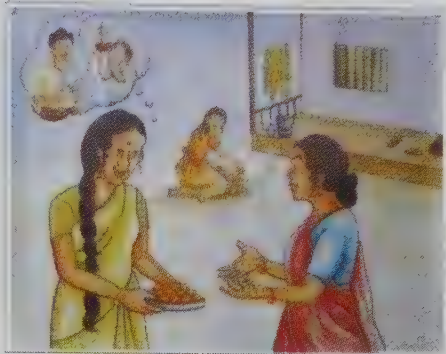


WHAT IF ?

Story of Kamala for hadnwashing



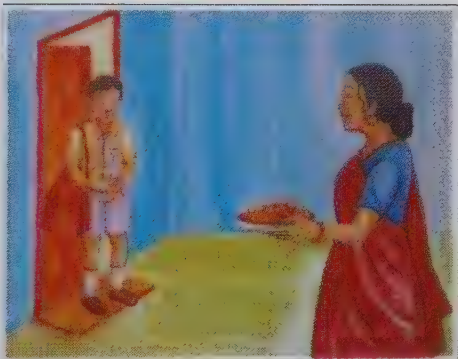
Display No - 42



Display No - 43



Display No - 44



Display No - 45



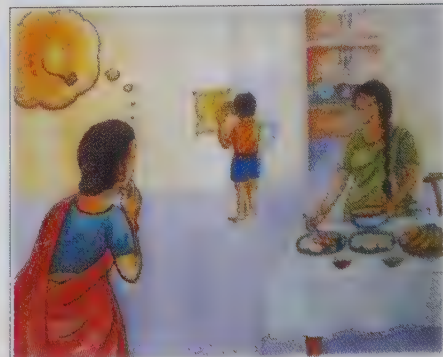
Display No - 46



Display No - 47



Display No - 48



Display No - 49



ROLE MODEL

Daughter's Marriage



Display No - 50



Display No - 51



Display No - 52



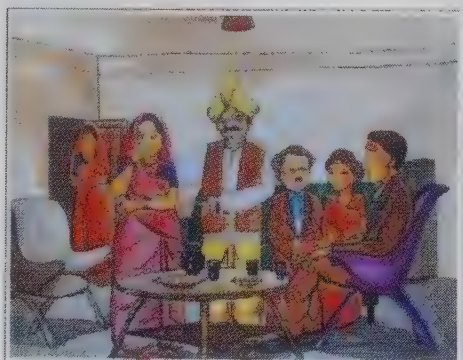
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Display No - 54



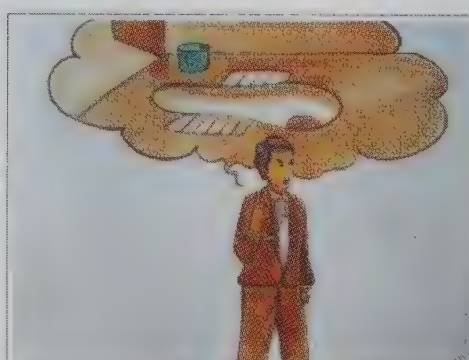
Display No - 55



Display No - 56



Display No - 57



Display No - 58



Display No - 59



Session: 4

ALTERNATE RESOURCE DISCUSSION

Overview: Here the financial aspect of using soap while washing hands is discussed from the point of view of generating alternative resources by saving funds utilized in a potentially harmful and wasteful ways.

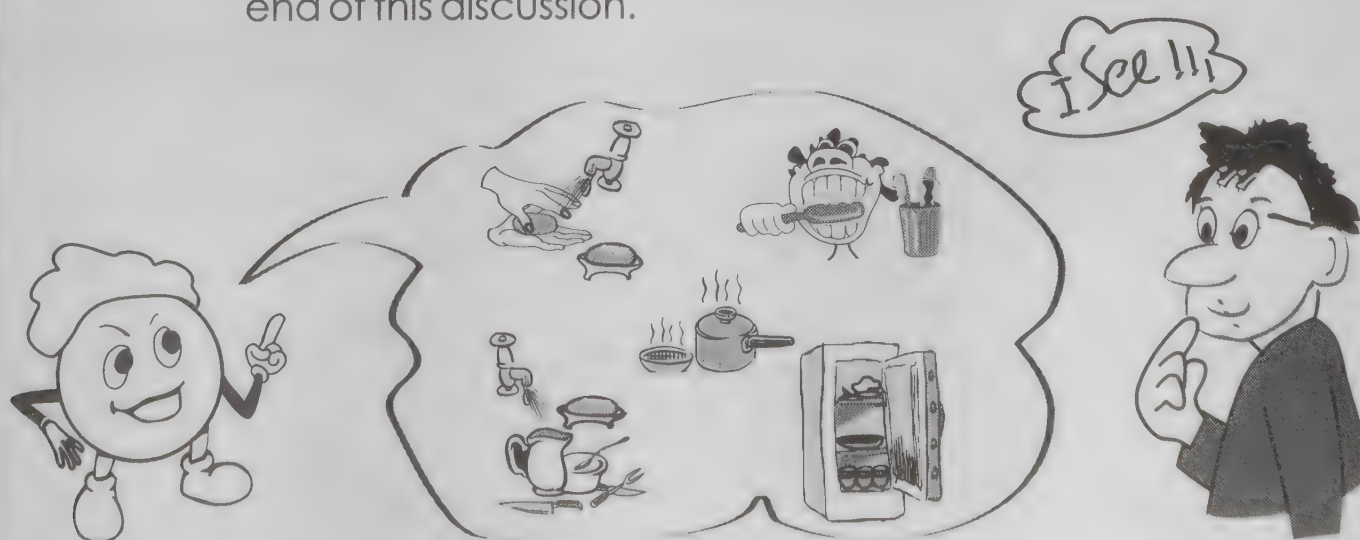
Objective: To afford students practice in problem-solving through alternate resource generation.

Time: 5 minutes

Material: Soap, Tobacco products and Cosmetics

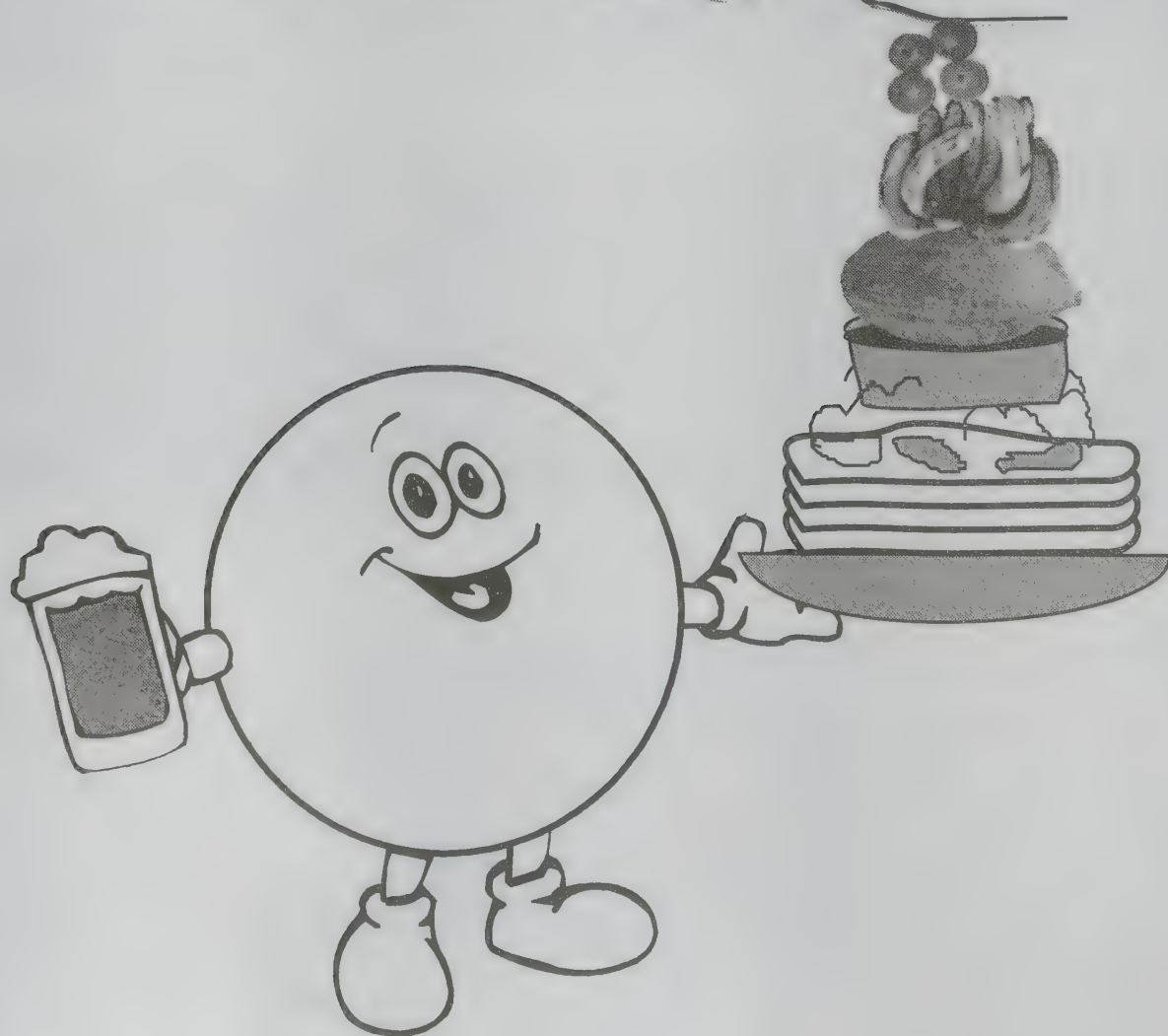
Delivery: A discussion is initiated on the monthly expenditure on tobacco products and cosmetics in the family with the help of these objects and then after briefly making them aware of the harmful and wasteful nature of this expenditure they are asked to reason the beneficial aspect of investing these funds in buying soap which is so essential and beneficial to their lives.

Evaluation: Students reaction and determination demonstrated at the end of this discussion.



Healthy Snacks

Break





Session: 5

MIME AND MIMICRY

Overview: Here the students get an opportunity to explore alternate culture practice model in an interesting manner thus helping them identify with a role model or role model behaviour. In the process a better way of doing things is revealed to them through play-acting the role models as also the harmful and negative aspects of current unhygienic practice is highlighted in a light manner.

Objective: To help students accept alternate practice model by internalizing hygienic and beneficial role model behaviour.

Time: 10 to 20 minutes

Material: Role play situation for mime and content principles for mimicry

Delivery: Before the start of the workshop students are explained the need of mime and mimicry and then given the above mentioned material to be rendered into the mime for water seal latrine and mimicry of dialogues for washing hands with soap in the voice and dialogue structure of their favorite hero from the field of education, entertainment or politics etc.
[eg. Amitabh Bachchan]

Evaluation: Students participation in the mime and mimicry along with autobiographical details and revelations.





Session: 6

WATER-SEAL LATRINE ROLE MODEL STORY

Overview: This story looks at the unhygienic practice of open-air defaecation from social and aesthetic angles and provides students with alternative role models as well as sensitizes them to certain aspects of this cultural habit which is very obnoxious to be persons from different cultures. The story is about a potential groom's sorry plight because of this open-air defaecation and his subsequent refusal to marry unless the problem is rectified. In the process the lack of privacy and consequent problems especially to women folk is highlighted.

Objective: To explore the consequences of not using water-seal latrine and providing alternative role model behaviour.

Time: 10 minutes

Material: Snap shot posters of the story [see fig Daughter's Marriage Stories Display No. 50, 51, 52, 53, 54, 55, 56, 57, 58, 59.]

Delivery: Students narrate the story with the help of the snap shots; their narrative is evolved and informed further by the health educators and then the students are asked to narrate the whole story in their own way. Very young students are narrated the story to begin with and are then asked to narrate the story.

Evaluation: The final story narration by the students is observed for the necessary emphasis on the salient insights afforded by the story to the students



Session 7

**DISCUSSION OF ROLE OF GOVERNMENT IN MAKING
WATER-SEAL LATRINES AVAILABLE**

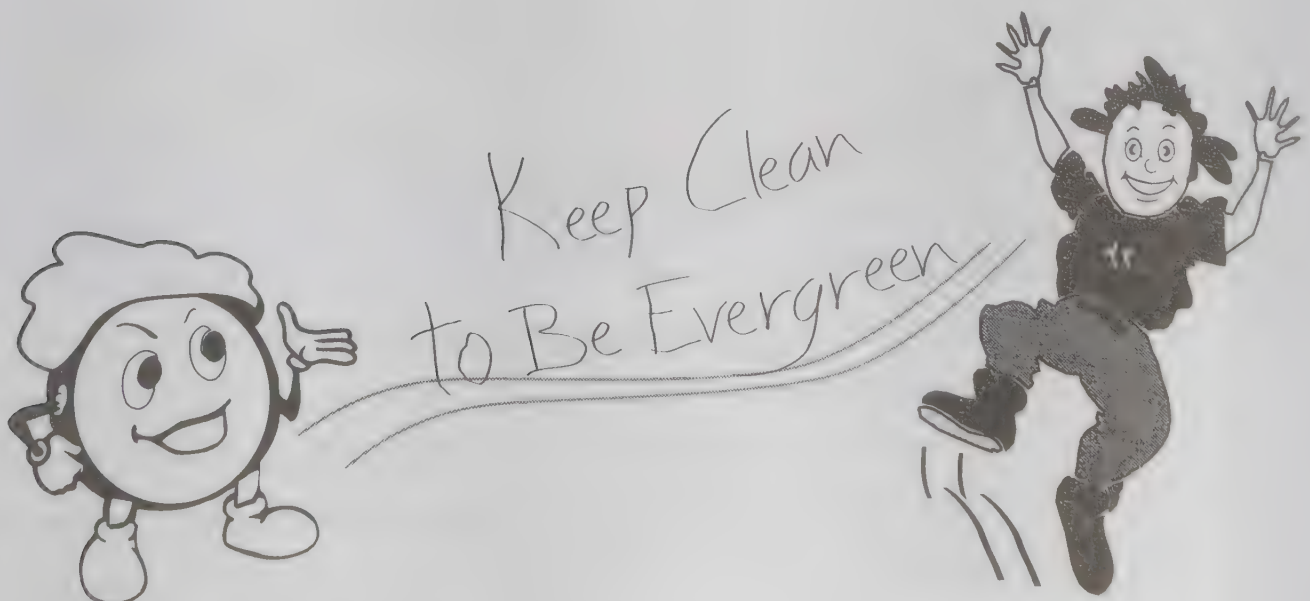
Overview: This session affords the student an opportunity to explore the possible resources available for availing the facility of water seal latrine for themselves. It also seeks to inform them about the process of making the water seal latrine in simple but meaningful way.

Objective: To make the student familiar with availability of resources and the method of preparing water-seal latrines especially the governmental role.

Time: 5 minutes

Material: Model of Water-seal Latrine and some printed material [see fig. Display No. 61]

Delivery: Information sharing with the students by the health educators with the help of water-seal latrine model and printed material.





Session: 8

HYGIENE AND SANITATION MODEL

Overview: This session provides an overview of the sanitary conditions in a village and engages the students in a novel creative way in improving the sanitary conditions. A model prepared from thermocol is taken to the students which has 3 rural houses, a temple dedicated to village deity, an open well with dirty surroundings in form of human and animal faeces, dirty clothes, cow grazing, a dog chewing bone and the like; a woman is also seen defaecating near by in short a typical village seen. Now with the help of models of water-seal latrine, fence etc. students are to clean this village model.

Objective: To make the students aware of the ways in which they can contribute to sanitation of their village in a novel way.

Time: 10 minutes

Material: Model of rural community, some dirty things, one fence for covering the well and models of Water-seal Latrine, sodium sulphide and hydrochloric acid with a test tube and test tube holder to produce hydrogen sulphide for bad smell. (see fig. Display No. 60)

Delivery: The health educators keep the model outside the class and show it to the students on the screen by the help of video camera. Educators then call two students for cleaning the village; these two students go outside the class to clean the village, and educator asks students to describe what they are watching on the screen and how the community can be kept clean and thus healthy. One student comes and describes the process of cleaning the community like removing the dirty things and constructing the Water Seal Latrines by adding these models to the village model. The students are also asked to remove the woman from field and place her near WSL and to fence the well etc. during this session bad smell is also experienced in form of hydrogen sulphide gas!

Evaluation: By observing the students participation in cleaning the model and

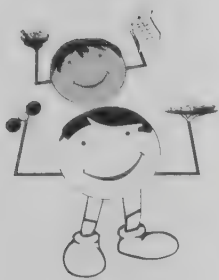


HYGIENE & SANITATION MODEL

HYGIENE & SANITATION

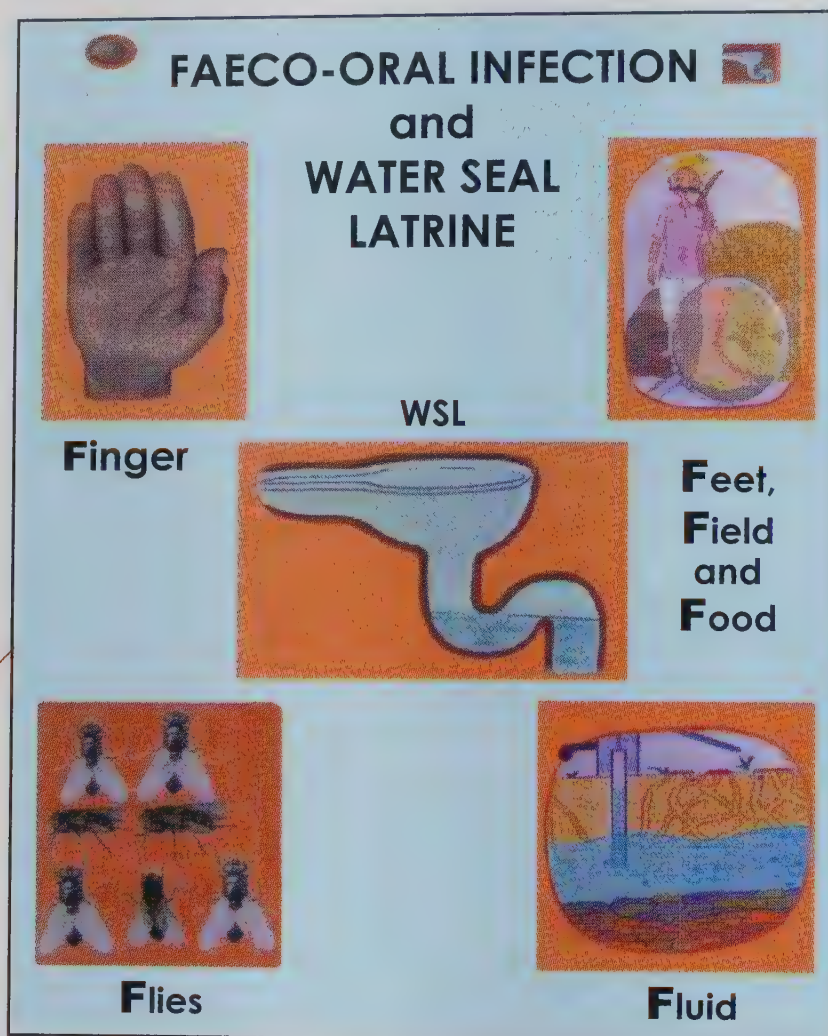


Display No - 60



WATER-SEAL LATRINES & GLOW-GERM KIT

HYGIENE & SANITATION



Display No - 61



Display No - 62



Session: 9

GLO(W-)GERM KIT

Overview: Here an educational tool in form of Glogerm Kit is used to demonstrate to the students microscopic objects like bacteria and the need to wash hands thoroughly using soap and water. The kit contains an oil based solution with microscopic particles which reflect ultraviolet light mixed in it and a source of ultra-violet light. When the solution is applied to the hands or on any surface it makes that object glow in presence of ultraviolet light and this can be easily seen. Only when the hands or the surface are thoroughly cleaned with soap and water does the glowing stop totally.

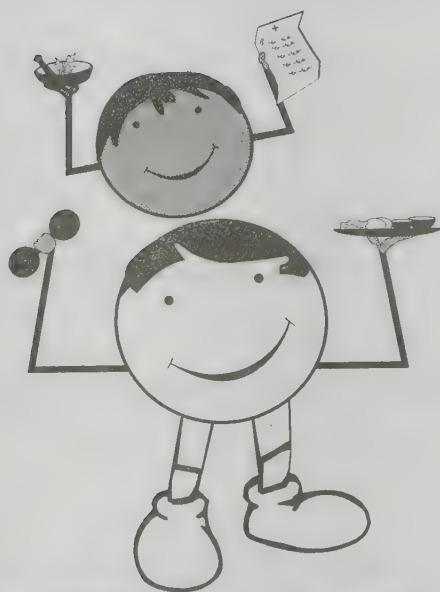
Objective: To give the students an insight into microscopic things, practice in thorough hand washing and an objective and immediate measure of success in washing hands thoroughly with soap and water.

Time: 25 minutes


Material: Glogerm Kit [see fig Display No. 62]

Delivery: Two students are called and given the solution to apply it to their hands and glowing germs are observed on their hands; one washes hands only with water while the other uses soap also. Then the hands are exposed to ultraviolet light once again to determine the glow. Both types of hand washing techniques are then compared. If the hands have not been washed thoroughly the students are required to redo the same till thorough cleansing is achieved and the glow stops totally.

Evaluation: The eagerness to participate and succeed in thoroughly washing hands with soap and water.



EXERCISE WORKSHOP



The *strength, stamina, suppleness* and *positive attitude* that result from regular exercise play key roles in helping students achieve

- * satisfaction in work,
- * success in school,
- * stable relationships,
- * sustainable recreation and
- * sound health.

Conversely, lack of exercise have been associated among others with

- * obesity,
- * diabetes,
- * back problems,
- * fatigue and perhaps most important,
- * greater susceptibility to heart disease through a weakened cardiovascular system.

There are many benefits to regular exercise which can briefly be summarized as under:

1. One feels better physically. Heart, muscles, bones, immune system will be stronger; muscles, heart and lungs will work more efficiently, one will have more energy.
2. One feels better emotionally. People who exercise regularly report a positive sense of well being. Exercise is a stress reducer, and there is evidence exercise helps relieve depression and insomnia. One has better memory and intellectual prowess as a result of regular exercise.
3. One looks better. Muscle tone increases and percentage of body fat will decrease. Exercise not only burns calories, helps decrease your appetite immediately following. Skin remains cleansed and hence combined with proper and adequate nutrition and hygiene glows and remains flawless



EXERCISE

A good fitness program should be structured thus addressing three important areas: strength, stamina and suppleness:

- * Warm up 5 to 7 minutes this helps ready the body and mind for exercise and hence prevents sprains and injuries
- * Strength Exercise: Isometric 7 to 10 minutes
- * Stamina and longevity Exercise: isotonic 25 to 30 minutes. This is the heart of any exercise program and from health, performance and achievement of life aspirations point of view the most important.
- * Yoga at least 5 to 10 minutes for relaxation and better control of body mechanisms.

The taste of pudding is in eating and any exercise programme is only beneficial if one sticks with it. Exercise can be made enjoyable and sports, swimming and jogging can bring pleasure and profit simultaneously. Develop a well rounded programme, start slowly, work up gradually, and enjoy feeling great and being great.

"... speaking and not doing has become a habit with us. What is the cause of that? Physical weakness. ... First of all our young men must be strong. ... You will be nearer to Heaven through football than through the study of the Gita."

Swami Vivekananda.



The model adopted for exercise has the following components:

1. Visualizing the Ideal: This is done through situational models which are manifestations of state of strength, stamina and suppleness along with longevity and freedom from distress and disease.
2. Secondly the disablers are identified and removed. These can be seen as
 - * Internal Disablers like fear, laziness, false-shame, and exercise superstitions. These need to be unearthed and addressed.
 - * Life style / Conduct disablers can be addressed through recipes like those of Time Management
 - * External Disablers like lack of proper socio-cultural atmosphere and no companions need counseling and creation of right climate through group work.
3. Lastly, we need to focus on the enablers and here development of personal exercise program and group counseling are very helpful. The major part of visualizing the ideal and identifying and dealing with disablers and letting students know the benefits of exercise in achieving their life aspirations was done through our multimedia 'Exercise The True Bodyguard' film. This film had the following sections:
 - I. **Introduction:** Problems due to lack of exercise
 - II. **Overview:** What is exercise; Situational [work, studies, household duties, social] models for ideals of Stamina, Strength and Suppleness. Role of exercise in disease prevention and rehabilitation.
 - III. **How** exercise becomes beneficial in increasing immunity and various physiological and psychological efficiencies.
 - IV. **Types** of exercise and their **roles** and **ideal** exercise **program**
 - V. Exercise in the lives of **great men**



EXERCISE

VI. **Common fallacies** of exercise which act as deterrents like:

- a. Exercise tires and therefore comes in the way of our work
- b. Exercise is a waste of time
- c. No time for exercise
- d. What will people say [This is especially true for girls and women]
- e. Problems like sprain and fractures increase on starting exercise
- f. Exercise leads to arthritis
- g. Exercise benefits the body but adversely affects the brain
- h. Walking on terrace will suffice
- i. Everyone will have to die therefore, why exercise

have been unearthed, identified and addressed in the multimedia presentation in an interesting manner.

Based on the above we developed the following workshop for Exercise.



EXERCISE

EXERCISE

Session : 1

Multimedia: Overview, Enablers & Disablers.

Session 2:

Discussion: Question & Answer Round.

Session 3:

Story: Aspiration and Exercise.

Session 4:

Analysis Chart: Aspiration and Exercise.

Session 5:

Lets Do It! Practical Exercise.



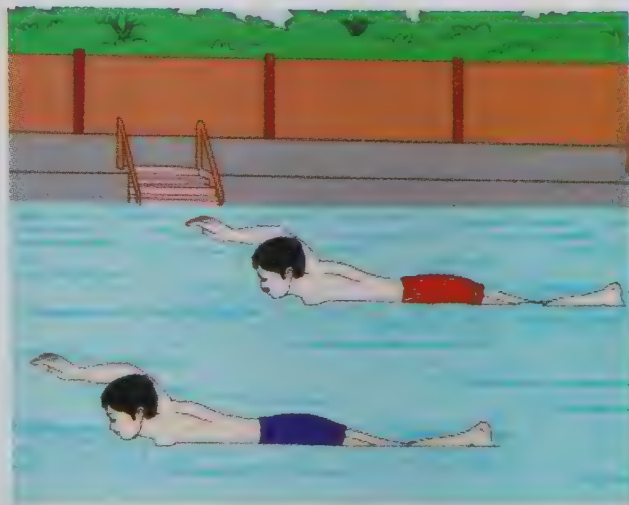


EXERCISE

MULTIMEDIA PRESENTATION



'Animated' Teacher explaining different types of Exercise



Situational Model Stamina



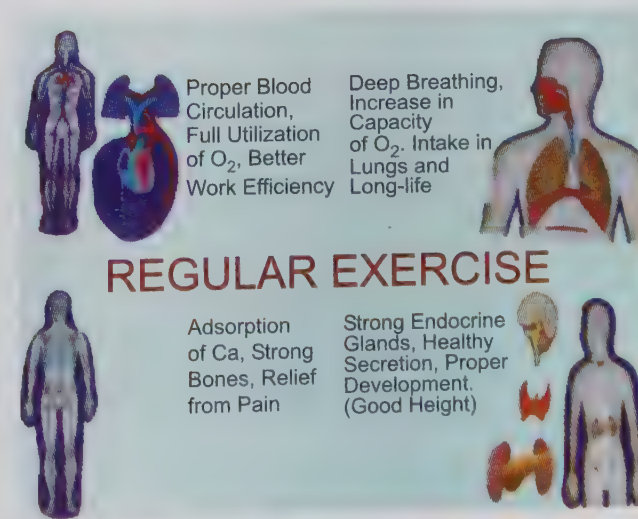
Exercise in Life of great men



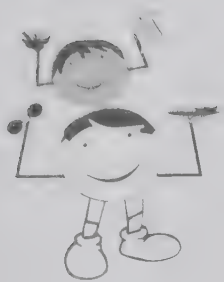
Situational Model Studying



Removing women fallacies (the disables)



Analysis Chart



EXERCISE

WHAT IF ?

The Miracle of Exercise



Display No - 63



Display No - 64



Display No - 65



Display No - 66



Display No - 67



Display No - 68



Display No - 69



Display No - 70



Display No - 71



EXERCISE

Session : I

MULTIMEDIA PRESENTATION

Overview: Exercise is the basic building block of physical and mental health that helps students fulfill their aspirations related to beauty, brain or brawn. The situational models which help students visualize the ideal, the enablers and disablers and their possible solutions are included in the multimedia presentation as mentioned above.

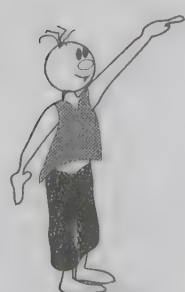
Objective: To enable the students to see how exercise is necessary to reach the goals of one's life be they physical, psychological or socio-economic.

Time: 25 minutes

Material: Screen, stand, projector, DVD player, 'Exercise The True Bodyguard' DVD, tool box, connecting wires, speakers.
[Pl see fig]

Delivery: The multimedia presentation is screened for the students following a brief introduction.

Evaluation: How does the multimedia film hold the attention of the students; and how do they react to the insights available in the film. Finally does it stimulate questions in the next session?





Session :2

DISCUSSION: QUESTION AND ANSWER SESSION

Overview: After seeing multimedia film the students ask questions which arise in their minds and Health Educators answer them to clarify and strengthen the insights received by them through the multimedia films. In turn the health educators discuss certain points with the students and find out their responses in order to ensure that no insights have escaped the students' attention.

Objective: To ensure that students have gained all the necessary insights about exercise which will help them take up active life style

Time: several minutes

Material: None required

Delivery: Students are requested to ask any question they may have pertaining to the subject and what they have seen in the multimedia presentation and as the discussion progresses the health educators not only answer the students queries but in turn question them so that they can clarify and draw attention to any important point which may be missing. For the methodology of this please see appendix.

Evaluation: The type of questions and the quality of discussion are a good measure of the this and the previous session.





Session :3

STORY: ASPIRATION AND EXERCISE

Overview: This is a story which narrates the conditions which lead to success and those required to benefit from exercise.

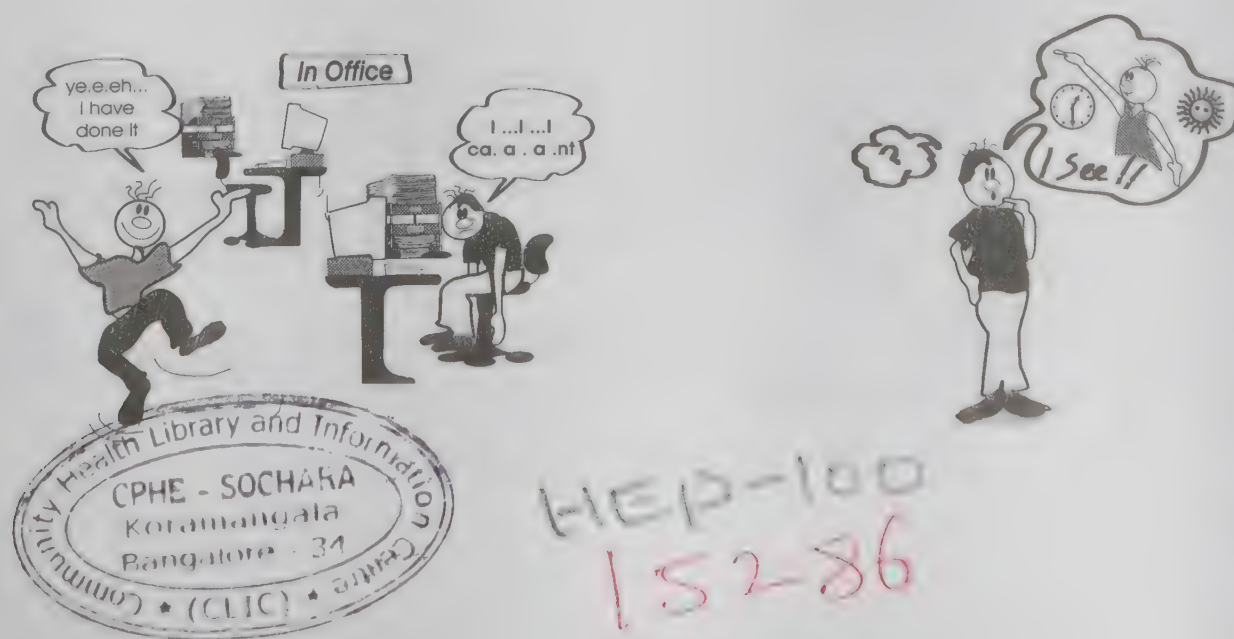
Objective: To ensure the assimilation of the exercise practice through role modeling.

Time: 10 minutes

Material: Snap shot posters of the story [Pl see fig The Miracle of Exercise Story's Display No. 63, 64, 65, 66, 67, 68, 69, 70, 71]

Delivery: Students are shown the snap shots posters and asked to narrate the story and then required to sum up the whole story. In case of very young children they are told the story to begin with and they are then asked to retell the story.

Evaluation: During the final narrative of the story we observe whether students are able to bring out the relation of exercise to achievement of life aspirations and relate with this on a personal level or not.





ANALYSIS CHART: EXERCISE AND ASPIRATIONS

Overview: Here with the help of the analysis chart the benefits of exercise are explained to the students through scientific reasons. This session is only meant for the students of 6th standard and onwards.

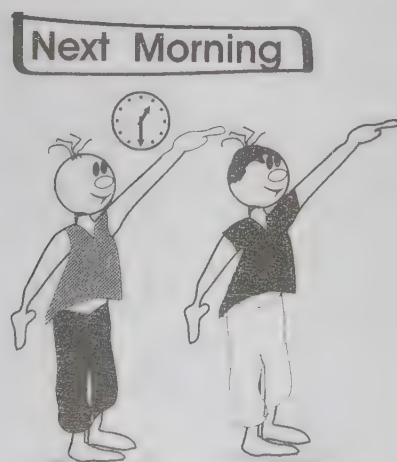
Objective: To give the students an insight into why and how exercise is beneficial to them.

Time: 10 minutes

Material: Analysis Chart [see fig. Display No. 72]

Delivery: The health educators show the chart to the students and discuss with them the impact of exercise on different organs and systems of the body like lungs (breathing), heart and blood circulation, bones, muscles, etc.

Evaluation: The quality of discussion and answers to the question posed by the health educators towards the end of the discussion.





Session :5

LET'S DO IT! PRACTICAL EXERCISE

Overview: Here the students walk through an interesting structured program of exercise and games.

Objective: To give students a first hand experience of joy of exercise and games in a group and give them a structured exercise program as also to give the health educators an opportunity for group counseling.

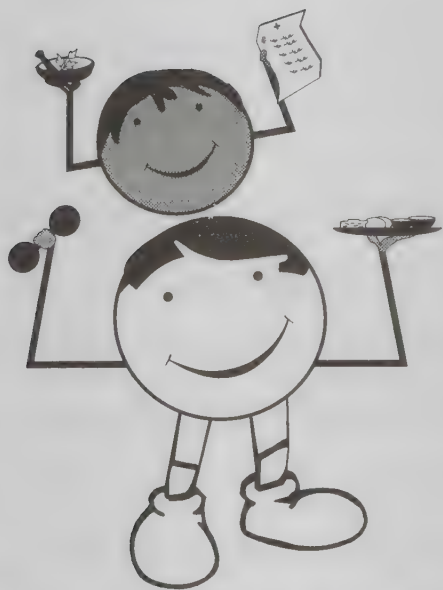
Time: At least 60 minutes

Material: Skipping rope, football, volley ball , tennis ball, throwing rings, badminton racquets and shuttle cocks along with few bricks.

Delivery: This session starts with warm-up. The students are asked to stand in 4-5 rows depending on the number of the students. Two health educators stand before the students to demonstrate and instruct them. The health educators themselves do the warm-up bringing into action the entire body from head to toe and the students follow them according to the instructions. Meanwhile the other health educators observe whether the students are following the instructions properly or not. They help the students to do the things properly.

Following the warm-up the students are divided into few groups as per their choice and then given game materials like skipping ropes, throwing rings, football, volleyball with the instruction that they have to exchange these materials among themselves. Some other students play games like Kabaddi, Kho-kho. The health educators always involve themselves with the students so that sportsman spirit is fostered, discipline can be maintained and the students can enjoy.

Evaluation: The students response to this session is yard stick used to evaluate this session. The students are given summary & assignment sheets at the end of the program.



PROGRAM

GUIDE

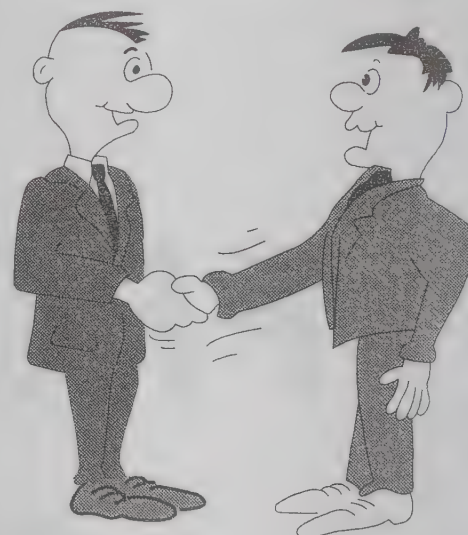


Organizing the Workshops

1. **Pre-workshop:** Before conducting any workshop in any school the following preparations need be done:

- i. To prepare the structure of the workshop.
- ii. To prepare all the material that is required to conduct the workshops. For this the work is distributed among those who are working on the workshop.

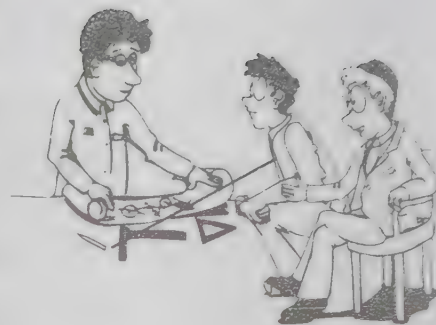
- iii. To meet the school principal and management to set a schedule for the workshop. During this meeting besides deciding the dates and time the school authorities are given a detailed introduction of the workshop and they are also explained the requirements like class rooms, tables-chairs as well as teachers which the school needs to fulfill. The contact details of the person in charge of the workshop are also procured to facilitate future communication. While determining the timing of the workshop care is taken to schedule it such that the workshop begins 1 hour after the school begins and ends 1 hour before the school is scheduled to end.



- iv. **Rehearsal:** The day before the workshop all concerned with the workshop meet and carry out rehearsal of the whole workshop so as to be familiar and ready with their respective roles as also to determine whether all things required for the workshop are in place especially the electronic equipments.



- v. On the day of the workshop all members of the team arrive in time and then according to predetermined checklist and role, load all the materials in the vehicle allocated to the workshop carefully and safely.



- vi. Thereafter, the concerned school authorities are telephonically contacted and informed that the health education team is leaving for the school and will reach in time and at the same time the school authorities are reminded of the requirements of the workshop so that they can be ready for the workshop in time.



- vii. For each type of workshop there is a different check-list as given below:
- viii. After all materials are loaded into the vehicle as per the check-list all the members of the health education team get into the vehicle and after brief prayer leave for the school where the workshop is to be conducted.





1. Conducting the Workshop:

- i. On reaching the school one member of the team meets the person in charge of the workshop.
- ii. Then with the help of a person/s from the school our team members, download all the material from the vehicle and carry it to the workshop venue and set up and arrange everything.
- iii. Once the team is ready, the students who are to participate in the workshop are called and asked to maintain silence and discipline and the workshop begins and is conducted as described in the main section above.

2. Post-workshop:

On completion of the workshop the following is done:

- i. On completion of the workshop one member of the health education team meets the principal or management and requests them to acknowledge the type and number of material distributed among the workshop participants.
- ii. At the same time the concerned person is requested and made responsible for collecting the assignment sheet by the predetermined date and time.
- iii. Other members of the team meanwhile once again load all the material back into the vehicle taking care that nothing is left behind.

Care is also taken to leave the workshop venue and school premises in a neat and tidy manner with none of the articles used during the workshop littering the venue.



1. Workshop follow-up:

- i. On returning from the workshop one member of the team who has been charged with the job of evaluation and documentation makes a report of the workshop as per the following guidelines:

- a. Name of the workshop
- b. Name of the school
- c. Day and date
- d. No of students
- e. The team
- f. Comments based on observation on the team performance, response of the teachers and the students and their comments
- g. Point of appreciation
- h. Problems and their solution



















and submits it to the Project Coordinator and at the same time members of the team informally give a feedback immediately on return to the base.

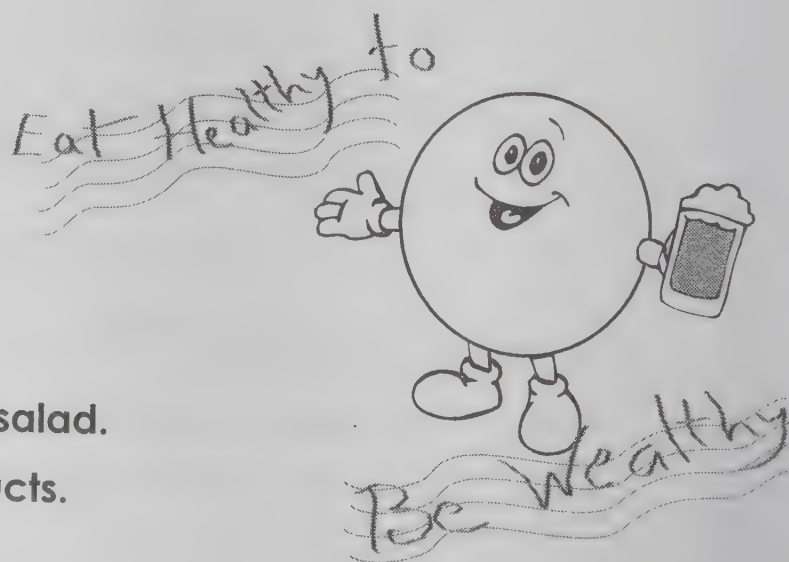
- ii. A few days following the workshop a member of the team rings up the concerned school person and enquires if the students have submitted the assignments and after receiving an answer in the affirmative he goes and collects especially the assignment sheet and photograph of nutrition garden at the appropriate time.
- iii. Thereafter the assignment sheet is evaluated the schools performance noted.
- iv. The report submitted by the health education team is seen by the Project Coordinator and then there is a meeting to take stock, trouble shoot, innovate and improve.



Check-lists for different workshops:























Nutrition Workshops:

-  Projector
-  DVD Player with 'Food and Aspiration' and 'Food for Health' DVD
-  Screen & Stand
-  Battery & Inverter
-  Mike
-  Banner
-  Rope
-  Knife
-  Charts (Match the Thali, Food Pyramid & Analysis Chart)
-  Story snapshot posters. (4 stories)
-  Summary & Assignment Sheets
-  Paper Plates
-  Color Marker Pens
-  Plastic Plates
-  Grain material
-  Digital Camera.
-  Tool Box.
-  Snacks & snacks materials
 - * Paper Plates
 - * Plastic glasses
 - * Spoon
 - * Can
 - * Tray
 - * Serving pots
 - * Banana
 - * Chikki
 - * Awala murabba
 - * Chat channa / Fruit salad.
 - * Sharbat / milk products.





Hygiene & Sanitation Workshop:

-  Projector
-  DVD Player with DVD of Hygiene & Sanitation.
-  Screen & Stand, Connecting wire & Tool Box.
-  Battery & Inverter.
-  Microphone, FM Sound System
-  Banner
-  Rope
-  Knife
-  Charts Fly Chart, 'F' Diagram Chart
-  Story Snapshots Posters
-  Script for mimicry and mime, News Logo,
-  Model of village community
-  Laser light
-  Video Camera, Digital Camera
-  Tobacco products(Cigarette, Gutkha, Khaini)
-  Cosmetics
-  Glow-Germ Kit
-  Soap
-  Vehicle (Four-wheeler) with fuel
-  Nutritious Snacks and fruits
-  Tiffin for the Health Education Team
-  Summary Sheet & Assignment sheet



















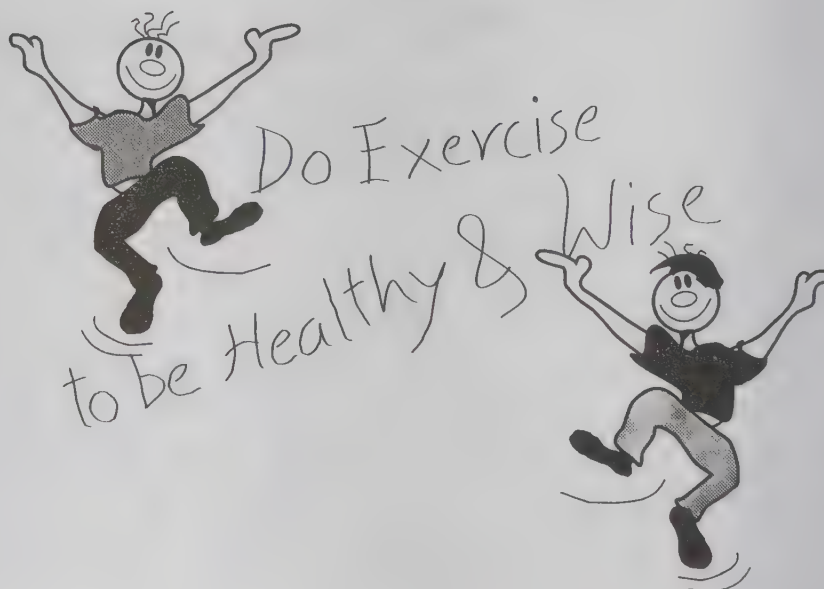
Keep Clean
to Be Evergreen





Exercise Workshop:

-  Projector
-  DVD Player with DVD of Exercise The True Bodyguard.
-  Screen & Stand, Connecting wire & Tool Box.
-  Battery & Inverter.
-  Microphone, Speakers
-  Banner
-  Rope
-  Knife
-  Analysis Chart
-  Story Snapshots Posters
-  Sports material [skipping ropes, football, volleyball, throwing rings, badminton racquets and shuttle cocks, tennis balls]
-  Summary Sheet & Assignment sheet
-  Digital Camera
-  Vehicle (Four-wheeler) with fuel
-  Nutritious Snacks and fruits
-  Tiffin for the Health Education Team





A Note on some of the main approaches used by us:

I. Inquiry and Discussion Method:

This method is incorporated in experiential learning to draw issues from activities. Using this method a facilitator would:

- * use a questioning mode that enables participants to take responsibility for their learning, in terms of content and style, rather than just being provided with information,
- * encourage participant interaction in a way that respects the ideas and opinions of all,
- * develop activities responsive to the needs, interests and concerns of participants, and
- * engage students in exploring how and why they think in a particular way rather than advising them what they should think.

Questioning Techniques

There are a variety of question types. Some examples are:

- * *Closed questions:* are simple and require only a yes or no answer.
- * *Open questions:* are simple questions which require the person to give an answer on his / her own. There are various types of open questions as follows.
- * *Defining questions:* are simple questions of definition and recall; these help to establish a knowledge base on which the facilitator and participant can build. Question beginnings could be: What? When? Who? Which?
- * *Personalized questions:* build on the knowledge base so all participants can be involved and successful. They yield more information and aid comprehension and application. Question beginnings could be: Why do you? When do you? What is your experience?



- * *Challenge questions:* require clear, logical, creative thinking at analysis, synthesis and evaluation levels. Question beginnings could be: How could we? Think of a way?
- * *Compare and contrast:* These questioning techniques are significant in that they provide an opportunity for all aspects of an issue to be raised and considered before a decision is made or an attitude formed. e.g. Instead of asking *Is tobacco bad for you?* Expecting a 'yes', ask *'What good and bad aspects of tobacco need to be considered before making a decision to use it?'* This allows a full and open discussion about drugs with due consideration of perceived good points as well as bad points.

Responding to Questions

When preparing to answer a question a facilitator should:

- * Acknowledge the significance of the question and inform the whole group if they did not hear and whether it is relevant for all to hear.
- * Admit if you do not know the answer; discuss how the information may be found.
- * Decide whether it is necessary for the facilitator only, or others, to give an answer. Some options are:
 - a. Explore the nature of the question with the participant or the group
For example, that's good question, I'd like to hear what you, or what everyone, thinks might be the answer.
 - b. Find out why the question has been asked.
 - c. Encourage all participants to assist in the development of a response.



- * Try always to give positive encouragement to the questioner, such as:
 - * *Thanks for asking that question*
 - * *Good question*
 - * *That raises an interesting issue*
 - * *I'm glad you asked that question*

Self-disclosure and Personal Questions

It is likely that at some time when facilitating the facilitator will be asked about his or her own experience, attitude and thinking on drug use, including alcohol or tobacco, sex. It is useful to have thought about what your response would be how much you would be willing to share with participants and the relevance of such a disclosure. e.g. Before providing personal information, facilitators need to consider that their comments may unnecessarily influence or restrict subsequent interactions with the participants. One way to avoid personal issues being discussed is to ensure that a group ground rule, about disclosure, is incorporated into those established in the group facilitation session at the commencement of the program. A good rule is that there should be no sensitive personal disclosure of personal drug use or drug use of friends in the learning environment.



II. Role-Play

Role-play is ideally suited for situations where identification is sought for the characters especially where contrasting or evolutionary behaviour of persons playing same societal roles are required. Through role-play participants can experience and explore the feelings and potential outcomes of a social situation without suffering the actual consequences of their decisions. Role play is not the same as drama. Drama is scripted. Role play relies on improvisation by students after some brief preparation (not educator or teacher directed).

Role-play can provide an opportunity to:

- * generate innovative and reflect range of responses to particular situation.
- * broaden personal skills,
- * practice and reinforce new skills without fear of failure or criticism,
- * generate solutions to conflict situations in a safe environment,
- * experiment with other roles and personalities in a non-threatening environment, experience the feelings that may accompany decisions and
- * empathize and consider the rights, values and feelings of others.

Managing Role-Play Activities

Role-play involves the adoption of a particular attitude, point-of-view or value stance for a particular purpose. It is essential that both the facilitator and the participants are aware of the purpose of the role - play



For role play to be productive:

- * Encourage both socially acceptable and unacceptable story lines to ensure exploration of a wide range of real life possibilities.
- * Allow participants the right to withdraw at any time without explanation.
- * Monitor feelings at all times and call "cut" if participants become anxious or disturbed.
- * Use 'freeze' to interrupt the role play to draw attention or re-focus the activity.
- * Use short scenarios to keep participants focused on the outcome and not the play-acting.
- * Encourage participants to create their own scenarios to reflect real life.
- * Utilize role-play in small groups to maximize involvement and avoid the pressure of having an audience.
- * Debrief participants after the role-play to ensure that anxiety or other feelings generated are calmed down.

When conducting role-play avoid:

- * making judgments about the role-play, focus on eliciting alternative actions,
- * commenting on or inhibiting actions, wait until it is finished and then discuss,
- * casting participants in roles too close to their real life role or family situations,
- * scenarios with too many characters or which are too complex, and
- * drunk or drug affected characters, this may glamorize the behaviour and distract from the purpose of the role-play.



STEPS FOR CONDUCTING ROLE PLAY

Introduction

Focus the attention of the group on the subject by introducing it [In select instances a suitable Warm-Up / Energizer activity can be employed] and establish the purpose of the role-play.

Allocating roles

The ideal situation is where everybody is engaged in the role-play. This may be done in groups of two, three or four as well as in the larger group if need be. Everyone should have a role, but sometimes you may wish to use an observer to report on what actually happened.

Setting the scene

Players are informed of their role, the time, place and the situation to be enacted, but do not dictate every detail allow for their creativity. An example is: you are trying to persuade your friend to come to the movies when they should be home studying.

Preparing the audience

If there is an audience, set them tasks so they become active participants in the role-play. They could provide feedback on non-verbal communication, realism, and skills used.

Playing the role

Once the scene is set, allow the role-play to proceed. It should be brief and focused.



Feedback

Following the role-play, discussion in the small or large group should address:

- * What was the result of the role-play?
- * How did you feel in your particular role?
- * What attitudes were expressed?
- * What could be other consequences of the role-play?
- * What did you learn about the character you played?
- * What did you observe about the characters?
- * (If observer or secondary part) What would you do differently?
- * (If in their place or if you had a second chance)

Debriefing refers to the process of leaving a role and returning to being themselves. The complexity and sensitivity of the role, that is, how much it stirred emotions, will determine how much debriefing is necessary. Participants who have become very involved in their role may take some time for their emotions, like anxiety, to return to normal.

Some questions may be used to help a person 'debrief', shed the former role, and diffuse any emotion associated with it. Such questions could be:

- * How do you feel about the role you played?
- * What kind of person was your character?
- * Did you like your character?
- * Why did your character act the way they did?
- * How would you react in that sort of situation?

In the event of a very demanding role the facilitator may say: *You are no longer (character name) you are now (players name) again. The character of (name) no longer exists.* Physically 'shaking off' the character can also be useful.

Re-enacting

- * Roles may be switched, given to other people, to demonstrate other points-of-view.
- * Attitudes of characters can be changed and the outcomes can be limited.
- * New skills such as assertion may be introduced into the role-play both to practice the skill and to explore the possible outcome of such a response.
- * Many re-enactments are possible, interspersed with discussion, suggestions for change, introducing new skills or information, or changing the attitude or reaction of one or more of the players.

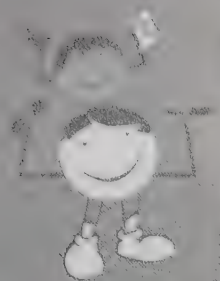
Processing

This is extremely important as it develops an understanding of what happened and why and how it can apply to each person's life.

- * What issue, problem or situation was demonstrated by the role-play?
- * What solutions, options, suggestions were presented?
- * What would be the consequences of each option?
- * How could what we learned from the role-play help us in real life?

ROLE-PLAY SITUATIONS

The following role-play situations are presented as examples only. Ideally, situations will be drawn from the experiences of the young people or situations that they are likely to encounter in the future. Be wary of using situations involving drugs that the students are not likely to encounter. This could have the undesirable effect of arousing curiosity or leading them to believe that its use is common among young people, which could contribute to experimentation.



III. Story:

Why story:

In India a child begins his / her life with a story. In the childhood mother or grandmother tells story to a child as a means of communication or for the child's entertainment. A child learns many a things through the imitation & fantasy. Therefore story is the simple and basic way of learning for the Indian child. It provides the child the opportunity to reflect on various life events and many a child identifies with the hero of the story which provides the child with a role model. Moreover, as the following quote eloquently testifies story is one of best way of learning:

Ask people to tell you about their most significant learning, and they will tell you a story. All deep learning takes the form of a story. All powerful education is an adventure that can be narrated.

This is because the story is the basic form of human experience. Human reality itself has a narrative structure. We hope, dream, fight, hate, mourn, love and learn in narrative. Each of us is a character immersed in time, designed by nature to learn most effectively from stories: both those we hear and those we experience.

Each of us has desires and anxieties which drive us toward action. As we act, we encounter conflicts, and we experience growth and change as a result of what happens. These desires, conflicts, and changes are the basics of learning, and good teaching incorporates them rather than trying to suppress them. The most powerful teaching assists student learning in its unfolding within a narrative structure.'

But why snap shots: Snap shots help the participants

1. To unleash their creativity.
2. To fire their curiosity.
3. To make them interested.
4. To learn meaningfully yet playfully.
5. To bring about innovative solutions.
6. To develop various capacities and
7. To make the health educators aware of alternative social and psychological facts which are real for the participants.





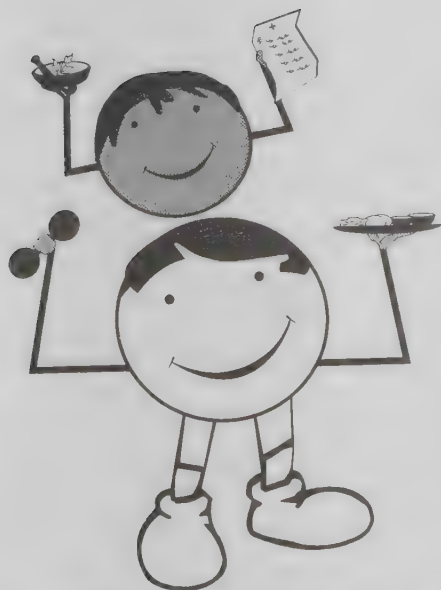
The story telling method:

The snap shots of the story are shown to the students one after another serially. The students are attracted by the beautiful snap shots and with their imagination try to figure out the plot. In so doing the viewers ask some questions. It also affords them an opportunity of reflecting. Psychologically too it helps the student to relate to their role-models and thus helps in achieving their learning goal. Students or their community are usually not aware that nutrition, life skills, hygiene & sanitation and exercise also can be helpful and vital in fulfilling their aspirations. Story helps in retention also.

While students narrate the stories, the health educators are alert to the fact that they have to guide the story along the proper plot and conclusions of the story. However, they are also alive to the fact that they may detect different social or psychological facts during the narration.

Finally one student narrates the whole story and brings out the underlying message of the story.

Besides the above mentioned approaches to education, models and demonstrations have always been recognized as good educational tools.



LEARNINGS



WHAT DID WE LEARN

The health educators provided maximum opportunity to students to express themselves. This enabled them to know the students' understanding and what the students actually wanted to know, learn and desired. This led to serial improvement in the workshops with telling impact.

However, in schools where students were coming from higher economic status families, greater amount of discipline and firmness were required along with linking of the subject to major diseases prevalent in their community like diabetes hypertension and obesity.

Till a time that students who are used to teachers being directors and domain experts, who can make major difference to their success, can accept the health educator as co-researchers and information technology and libraries are widely available, health educators need to be well informed regarding medical aspects of nutrition, hygiene & sanitation and exercise so that they can effectively function as facilitators.

In primary schools, students come from a social milieu, where there is no meaningful interaction with adults. Schools also are highly restrictive. Here games and food coupled with increasing familiarity are required before students learn to participate or express themselves.

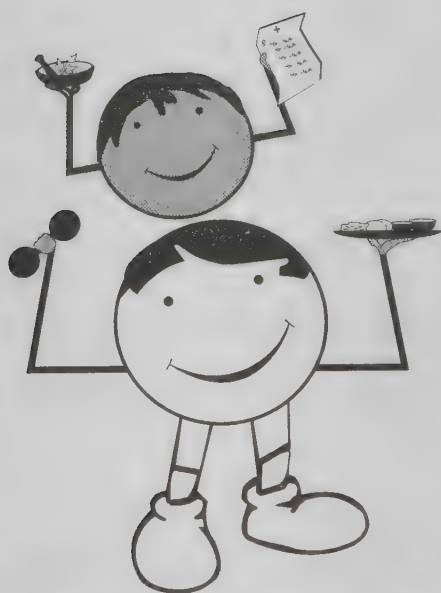
The workshop structure was unique and incorporated best practices from diverse fields. This made for an extraordinary learning experience for the students and highly motivated them for desirable behaviour change. While practice integration was and will remain a very important step which enabled us to have real life ground level clarity regarding the displays, it misses out on important aspect; that of workshop follow-up activity which when incorporated into the workshops enriched them and made them more productive.



Time and resource constraints, paucity of expertise in health education and lack of access to knowledge are major hurdles in an effort of this kind.

Stories are very useful but for them to be useful in higher classes, the snapshots require the right balance of revealing and leaving to imagination of the plot. While all the novel and effective learning approaches are necessary the instruction to students should be simple, step-wise and sequential so as to enable students to take part in the workshop meaningfully.

The greatest challenge of all is to take this health education effort to each and every student and their non-school going peers especially to those who are socio-economically disadvantaged particularly in rural areas.



SECTION - II



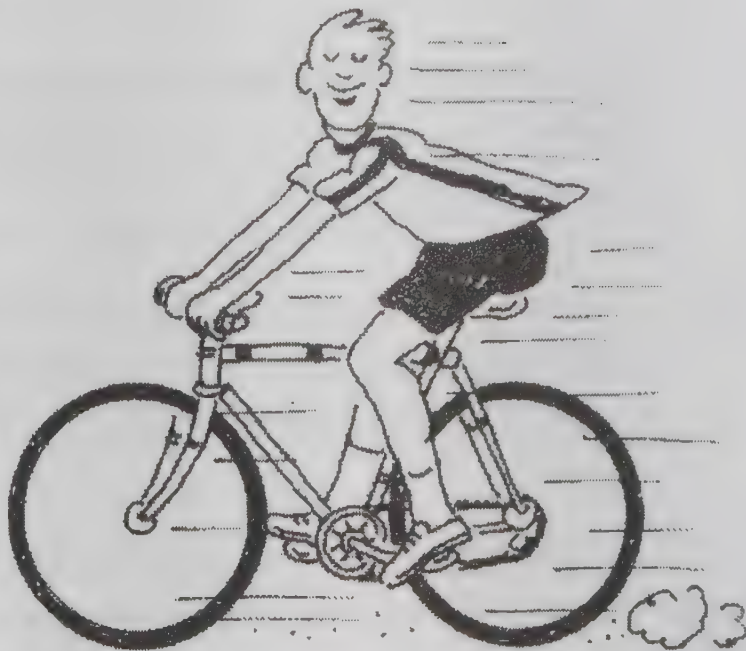
STAYING WELL

BIKING (Visibly)

Bicycling is good for you, non-polluting, and efficient. Many people have discovered the pleasures of biking.

Being visible helps protect you. Some drivers may look you in the eye and not see you. Reflective clothing, bright pennant flags, reflectors, and lights are important. This is especially so

when dusk occurs early around 5:15pm in winter. That's also when most people are on their way home. Take special care. Wearing a helmet with some reflective tape on it will promote visibility and protect your head.



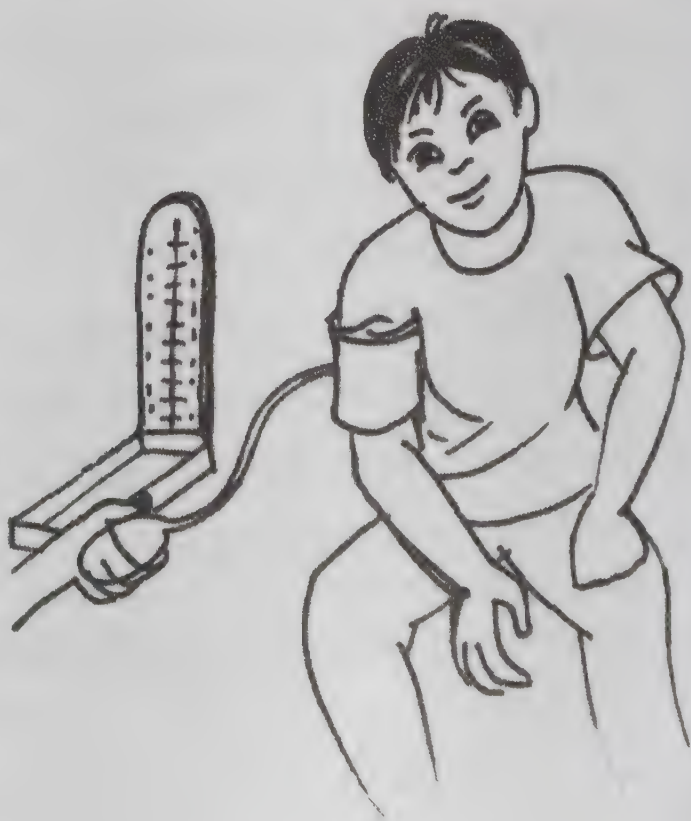
► **BLOOD PRESSURE (Beat it)**

Blood pressure is the force exerted on the artery walls by the blood as it is pumped by the heart. The pressure increases when the heart contracts, and drops when the heart relaxes. The

contracting pressure is called the "systolic" and the relaxed pressure is the "diastolic,"

Normal blood pressure readings are 140mm or less for systolic, and 90mm or less for

diastolic. Hypertension (high blood pressure) results when blood pressure exceeds these





values, or remains at the upper limits for long periods of time. Usually no symptoms are present.



Prolonged hypertension causes the heart to enlarge since it has to pump harder, this enlargement may weaken the heart and make it pump ineffectively.



Hypertension may be alleviated by weight reduction, decreasing salt intake [no table salt, pickles, papad and fried salty snacks], exercise, and no smoking.



Consult a physician if you are hypertensive.

► **BOREDOM (Beat it)**

Boredom comes in many forms: general loss of interest in life, feeling cranky and ornery and sometimes even feeling depressed. You could complain to family, friends or anyone to relieve some of the symptoms. But this doesn't really help in the long run. The best thing to do is to try something new. Take a class that you are really interested in but never dared to take before. Try a different activity with friends. Talk to them about how you feel. Boredom represents a conflict between maintaining a safe but unsatisfying status quo, versus taking a risk and trying something new.



Service of human beings is capable of providing all the recreation we need.
according to Gandhiji

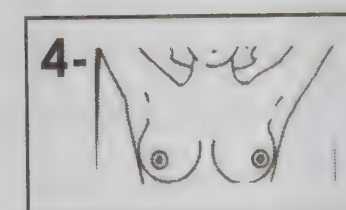
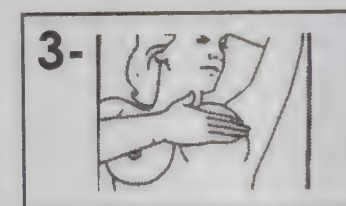
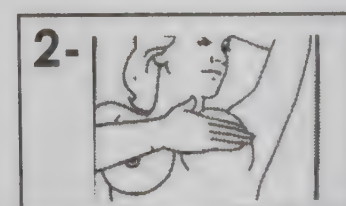
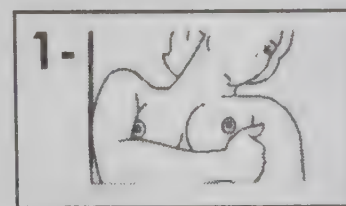


BREAST CHECK (Do it)

The breast check is the easiest way to check for lumps or other abnormal conditions. It is very important that every woman know how to examine her own breast, and do it regularly. Most breast cancers are first discovered by women themselves, and if found early and treated promptly have excellent chances for cure. Normally, a breast check should be performed once a month about a week after your period.

To do this follow these steps:

- ▶ **1-** The easiest check is while bathing or showering. Keeping your fingers flat, move gently over every part of each breast feeling for lump or thickening.
- ▶ **2-** To do a more thorough check after bathing, lie down and put one hand underneath your head. With the other hand, fingers flat, press gently in small circular motions. Do the other breast the same way by changing hands.
- ▶ **3-** Using a circular motion for pressing the breast, begin in the upper inside part and circle towards the outside, going around in a circle, gradually getting smaller until you reach the nipple. Finally, squeeze the nipple of each breast gently between thumb and index finger. Any discharge, clear or bloody, should be reported to a physician.
- ▶ **4-** Before a mirror, inspect your breast with arms at your sides. Then raise your arms overhead. Look for any changes in contour of each breast, swelling, changes in the nipple, or dimpling of skin. A regular inspection shows what is normal for you and will give you confidence in your examination. If you feel anything unusual, see a physician.

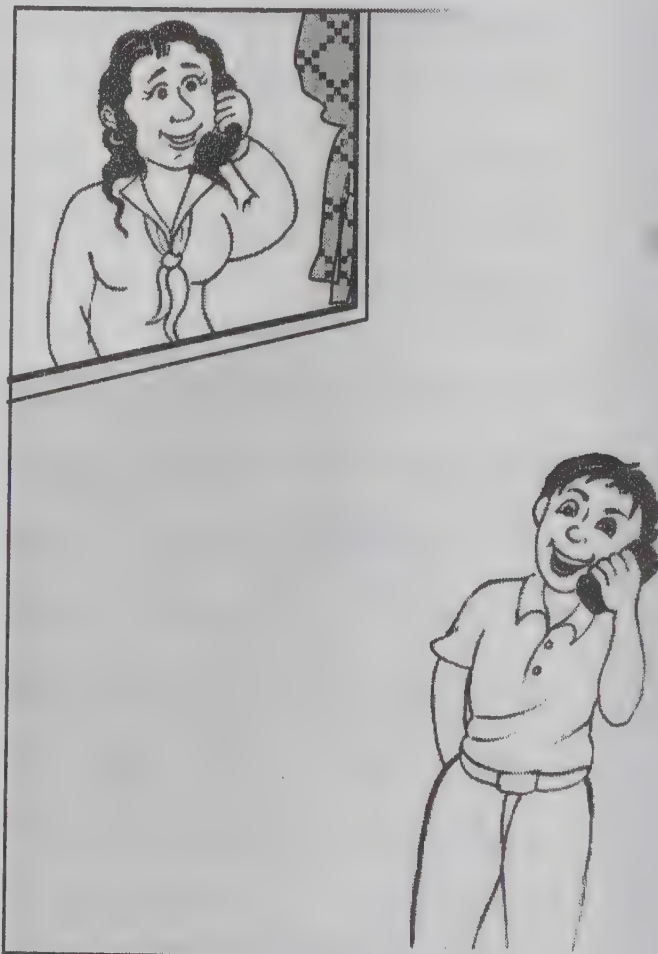




COMMUNICATION

Here are some guidelines you might want to use to better your communication with other. These guidelines are our value judgement, and we want to make that clear from the start. You may hold to values which differ from these, but these have worked for us.

Communication is sharing process, whether you are sharing ideas or feeling. Communication is enhanced the more you are willing to share with others. Openness about your thoughts and feelings is good. Honesty is another value. Obviously, the more honest you are in what you share, the more real the communication. Finally, communicating involves taking a risk. You are sharing something very valuable, namely your thoughts and feelings, and by opening yourself to another person in this way, you risk having your feelings hurt. But you stand to gain a deeper relationship through improved communication.



Actually the risk is not so great as it might appear due to a phenomenon called "modeling." People are most likely to respond to you in the same manner as you "model" to them. If you talk about the weather, so will they. However, if you talk about your thoughts and feelings, it's likely that they will too. Put another way, someone else is going to feel more conformable about sharing personal thoughts and feelings with you if you have just done so yourself.

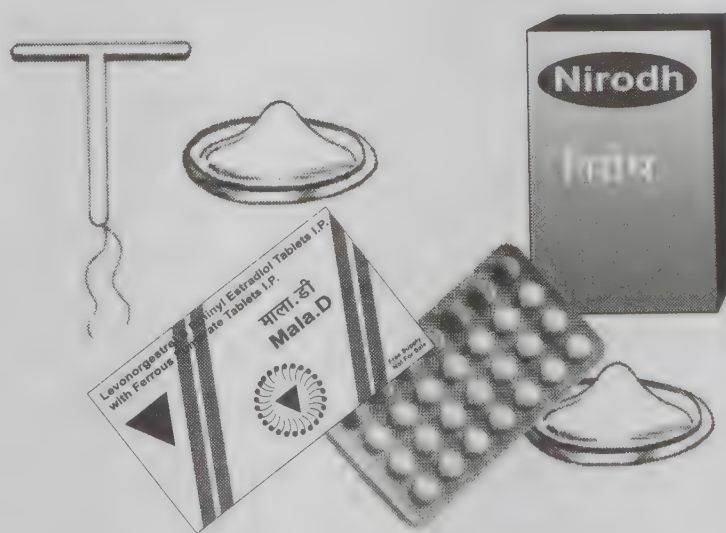


CONTRACEPTION (Consider it)

Contraception is the practice of

preventing pregnancy. Various methods are used to prevent unwanted pregnancy and each method has its own risk/benefit trade-off.

Government in our country provides a birth control programme which you may elect to participate in. Any person who has never used a prescriptive method of birth control or who wishes to change methods, should make an appointment with a doctor and find out the risks and benefits of the various methods. It is preferable to discuss all types of contraceptive methods, including oral contraceptives (the Pill), intrauterine devices (IUD's), diaphragms, spermicidals, condoms, etc. Particular emphasis should be placed on the relationship of each method to individual effectiveness and calculated risks.



While adopting any method of birth-control if the history, physical, or lab work indicate that the method of birth control you selected has high risks for you, alternative methods can be discussed. Follow up visits too can be arranged. Most contraceptives are available over the counter in India and do not require prescriptions.



Always consult your Doctor before using contraceptives.



Always buy things from a reliable store.



CPR (CARDIOPULMONARY RESUSCITATION)

CPR, or

cardiopulmonary resuscitation, is a simple life-saving technique to be performed on people whose hearts have stopped due to heart attack, electric shock, suffocation, drowning and other causes. Many lives can be saved by five minutes of simple first aid, but action must be initiated quickly as irreversible brain damage occurs within four to six minutes of the heart stopping.



While CPR is simple and effective, we can't teach it to you in a book. It can best be learned by enrolling in a CPR or first aid class sponsored through the Red Cross, or by approaching a trained doctor. CPR training takes three to four hours in a small class setting, in which you can get lots of hands on training in the technique.

► DRUG USE AND ABUSE

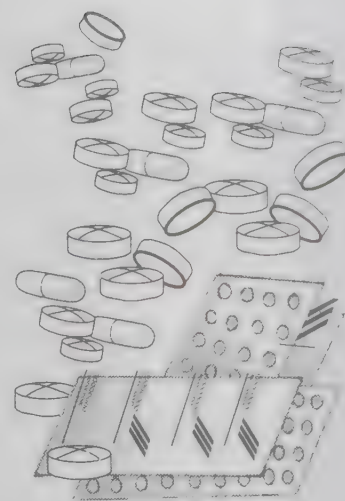
Many persons are users and abusers of drugs and don't realize it. They don't think that foods and drinks they take contain drugs. We have all, at one time or another used and abused drugs.

Aspirin: This is one of the most commonly abused drugs. It is also, however, one of the most useful medicines. It has three functions:

1. *analgesia (pain relieving);*
2. *anti-inflammatory (reduces redness and swelling);*
3. *antipyretic (reduces fever).*



With the exception of those few people who are allergic to it, two aspirin every six hours is safe for nearly everyone except children with viral fevers. Aspirin is useful for most headaches, fever, minor injuries and illnesses. For pain relief and reducing fever, paracetamol too is very effective.



Caffeine: The users of cola drinks, coffee, tea, and chocolate don't think they are taking drugs, but all these beverages contain caffeine, a drug which is sometimes prescribed medically. Persons who overuse drinks containing caffeine are users of drugs in the truest sense, and some can be said to be addicted.

Tobacco: Tobacco users are in the same case as caffeine users. Tobacco contains nicotine, which is an addictive material. In large quantities, nicotine decreases blood flow to vital organs and can, therefore, cause or contribute to disease of these organs. Tars and particular materials in tobacco have been shown to cause cancer.

Alcohol: Although alcohol is legal in most parts of the country, it is a potentially lethal drug and can be addictive. [Please see Reasonable Drinking & Alcohol.]

Marijuana: The most dangerous aspect of this drug is that it is illegal. You can go to jail for possessing a small quantity. The brain damage and other diseases attributed to it have not been scientifically documented to date. Marijuana is not physically addictive. Chronic daily use of marijuana has been associated with "amotivational syndrome:" loss of interest and motivation in school, work, and friends.

Stimulants: The amphetamines (including Benzedrine, Dexedrine, Methedrine) and cocaine fall into this class of drug. These drugs are not



physically addictive. At one time, amphetamines were prescribed for helping people lose weight, because one of their side effects is to decrease appetite; they are no longer prescribed for weight loss, because there was such a high incidence of negative side effects.

Narcotics: This class of drugs includes opium, morphine, codeine, and heroin. The drugs produce addiction. They are used medically to alleviate pain, but even here, they must be used cautiously because of the tendency to produce addiction.

Sedatives: Barbiturates like Phenobarbital are the main drugs in the sedative class. As with virtually all classes of drugs, these have definite medical value. They are, however, physically addictive. Sudden withdrawal from Phenobarbital can cause severe problems including convulsions, just as sudden withdrawal from alcohol can produce DT's and convulsions in an alcoholic.

Psychedelic drugs: The major psychedelics include Mescaline, Psilocybin, and LSD. No one has found a definite medical use for these drugs, except in research. Psychedelics are not addicting.

► **EAR WAX**

Ear wax is a normal secretion in the inner ear. It is normal for the wax to dry and fall out of the ear canal, but it can accumulate within the ear itself. Repeated attempts to remove the wax may pack it deeper within the canal. If the canal becomes plugged, you may begin to notice a feeling of fullness, dizziness, and deafness. Since it takes a special instrument to remove wax plugging a canal, it is best to have a physician remove the wax.



Avoid using Q-tips [ear buds] as this can push the wax deeper into the ear.



EYE CARE

General eye care is a matter of common sense. Don't put things in or around your eyes that might harm them.



An eye wash of plain water may be helpful if you get something in your eye.



Protect your eyes when around thing that could harm them, such as when you are in a Chemistry lab.

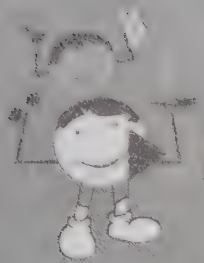


Keep dust particles out of your eyes by wearing protective covering anywhere things are being hammered, chopped, or carved.

If you wear contact lenses, try to wear them the same amount of time each day. If you exceed the normal length of time you wear your lenses, and the following day your eyes burn, tear, and are sensitive to light, you have probably suffered some corneal injury due to lack of oxygen getting to the eyeball. Simply take your lenses out for a day or two, to let your eyes rest and heal. If you still experience a sharp, stabbing pain in the eye, you may well have a corneal abrasion, and should consult your clinician.

Once you have adapted to your contact lenses, and then go for several days without wearing them, you may need to readapt by wearing them for gradually increasing amounts of time each day.

If you switch from contact lenses to regular glasses, there may be a temporary blurring of the vision; this blurring is caused by a temporary swelling of the cornea, a result of it being shaped by the contact lens. Don't worry about this blurring; it will disappear with time.



FATIGUE (De fatigue)

You wake up after eight hours of sleep and still feel tired. Is it iron-poor blood? More likely it's simply fatigue. Fatigue is a feeling of tiredness resulting from continued activity-mental or physical. If your fatigue is a result of physical stress like over exercise or illness, get some rest and you'll feel better. If rest doesn't help, and the physician can't find anything wrong, chances are your fatigue stems from stress, worrying, depression, boredom or lack of exercise. These are actually the most common causes of fatigue. If this is the case, then "get some rest" is the worst advice. In order to cope with stress, anxiety or depression you'll need a more optimistic attitude than "sleeping it off."



Exercise or sports can actually de-fatigue you.



Learning some relaxation skills or stress management techniques will also help you deal with the stressors that are causing your fatigue.

► FITNESS

We have learned a great deal lately about the value of physical fitness. The strength, stamina, suppleness and positive attitude that result from regular exercise play key roles in helping us achieve satisfaction in work and school, relationships, recreation and health. Conversely, lack of exercise have been associated with obesity, back problems, fatigue and perhaps most important, a weakened cardiovascular system which may be more susceptible to heart disease.



There are many benefits to regular exercise.

- ▶ 1- You will feel better physically. Your heart will be stronger, heart and lungs will work more efficiently, you will have more energy.
- ▶ 2- You will feel better emotionally. People who exercise regularly report a positive sense of well being. Exercise is a stress reducer, and there is evidence exercise helps relieve depression and insomnia.
- ▶ 3- You will look better. Muscle tone will increase and percentage of body fat will decrease. Exercise not only burns calories, helps decrease your appetite immediately following.



A good fitness program should address three important areas:

- ***endurance,***
- ***muscle strength,***
- ***and flexibility.***



Remember, an exercise programme is only beneficial if you stick with it.



Be sure to choose exercise you enjoy.



Once you have developed a well rounded programme,

- ***start slowly,***
- ***work up gradually, and***
- ***enjoy feeling great.***



HANGOVER (Hang it)

Prevention is

the watch word in treatment of all disease and hangover is no exception. Just don't drink or, at least drink moderately. Know what you're drinking. Ethyl alcohol is almost odorless and tasteless. To make alcoholic beverages of a certain type, such as wine, gin, whiskey and the like, "congeners" must be present. These congeners provide taste, odor, flavor, an aroma, and are present in all alcoholic beverages along with ethyl alcohol and water. Most congeners enter the beverage from the grain used; others are drawn from containers, especially wood used in aging. Some congeners are toxic. Vodka is the purest form of ethyl alcohol and contains the fewest congeners.



Alcohol causes many chemical and physical changes within the body. It is a diuretic (increases urination) and therefore, a person under the influence of alcohol is losing water and various salt substances. Alcohol dilates all the blood vessels in the body, manifested by a flushing of face and increase in the heart rate. Dilation of the blood vessels in the brain causes headache.



Dehydration associated with drinking alcohol can be corrected by drinking lots of non-alcoholic fluids. Some of these fluids should contain salt, such as salty broths, and salted tomato juice.



These measures will correct the fluid loss (dehydration) and the loss of salt (electrolytes).



Coffee can reduce the dilation of the blood vessels in the brain and, therefore, aid in reduction of the headache. However, coffee is a diuretic, and that will contribute once again to the dehydration.



IMMUNIZATION

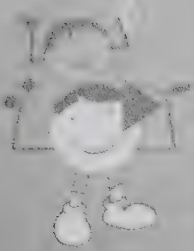
Diphtheria and Tetanus: Routine immunization against diphtheria, tetanus and pertussis (whooping cough) in childhood has been common practice, in India for the last few decades. If you didn't get your "baby shots," primary immunization can be done as an adult in a series of three shots. It is recommended that all persons who have had



primary immunization receive booster doses every 10 Years. Under certain conditions, such as treatment of a puncture wound or an unclean wound more frequent injection may be indicated.

Measles Vaccine: Measles is often a severe disease, and it is frequently complicated by secondary infection. Measles vaccine were introduced in the early 1960's but some of them were ineffective and were withdrawn from them market in 1967. In our country if you were vaccinated in 1985 or later you received the "live further attenuated." vaccine (live further attenuated means the vaccine contains a live but weakended virus that wont produce the clinical disease but will produce immunity).

Rubella (German measles): Vaccine rubella is a common childhood rash disease, and childhood case are often overlooked or misdiagnosed because signs and symptoms vary. The most common features of rubella include enlarge lymph nodes, joint pain and a transient rash, usually with low fever. Rubella vaccine has been available since 1969 and it is recommended that everyone receive a vaccination, not so much to prevent the benign illness as to provide protection for women of childbearing age. If a woman becomes infected during the first three



months of pregnancy, there is a risk of serious birth defects. With rubella, as with other live-virus vaccines, there is a theoretical risk to the fetus if a woman is vaccinated during pregnancy.

Mumps vaccine: Live-virus mumps vaccine was first introduced in 1967. The vaccine produces a sub clinical (mild or no symptoms) non-communicable (not "catching") infection with very few side effects. On the other hand, mumps itself can be serious in adults so it is important to have immunity. Mumps virus vaccine is available to anyone without a history of the disease or of effective vaccination.

► **JOGGING** Regular exercise is important and of all the activities available, jogging is the least expensive, quickest and most efficient way for most people to achieve physical fitness.

It's a good idea to begin by walking and running alternately. It takes about 20 minutes for our body to begin realizing the "training effect" of sustained vigorous exercise. You need to run at least three times per week for about 20 minutes each time to achieve the optimum training effect. Try to jog at a pace at which you can talk comfortably. If you are too breathless to talk, you are running too fast.





Progress will seem slow in the beginning but keep at it. Gradual improvement will be noticed in the weeks ahead. To prevent injuries it is important to wear sturdy running shoes. Also, remember to warm up and cool down before and after you run.

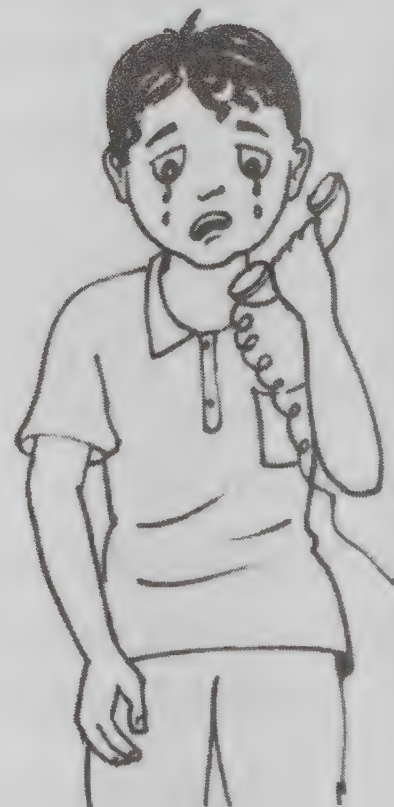


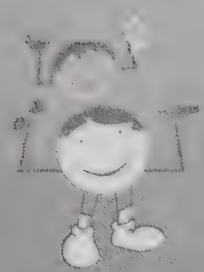
Stretching exercise should always be done to stretch the muscles and prepare the joints for movement.

► **LONELINESS** (Leave it)

As paradoxical as it sounds, a frequent complaint among our students is loneliness. Just being with hundreds of other students is not itself a guarantee of meeting people and making friends.

What's the answer? Take some small risks. Spend time in places where there are other people. Pick out someone to meet. Remember, the person you pick doesn't have to look like a potential life-long friend or spouse. Only a small percentage of the people you meet will become friends. Finally, the risk: talk to the person. Generally, what you talk about is of little importance. Keep one thing in mind however. What you say will serve as model for how the other person is to reply. If you talk about the weather, so will they. If you want to know about the other person, you must be willing to reveal something of yourself. If you want to know how someone feels about something, tell them first how you feel about it.





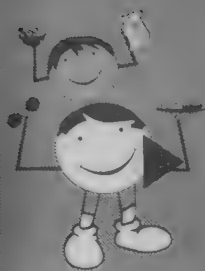
What is the risk? What have you got to lose? The other person could ignore you, or even tell you to get lost (which rarely happens, but it's possible). So what? You'll feel rejected and embarrassed for a while. But you'll recover. And the only hope of winning a friend is by first taking the chance.

► **POSSIBLE PREGNANCY**

A sexually active person who has missed a menstrual period or has sudden decrease in menstrual flow should have a test for possible pregnancy. This test can be done through any gynaecologist or pathology labs. It is done 42 days or more after the beginning of the last menstrual period or two weeks after the missed period. It is done on the first morning urine specimen after no eating or drinking after midnight. The urine must be collected in a clean, well rinsed, dry bottle. If needed Test results are available the same day. If the test is negative it may be because it is still too early to pick up the hormone of pregnancy. So another test should be done in no more than two weeks if there is still no menstrual period. A pelvic exam can be done to check the size of the uterus at this time.

If for any reason the person cannot wait 42 days after the menstrual period for the urine testing, a blood test can be done at a local hospital as early as ten days after intercourse. It is called a radio immune assay (R.I.A) test and is very accurate, almost 99% of the time. The results are usually available the same day of the test.

If there is an early pregnancy the person should avoid drugs, alcohol, pesticides, and anything that may be harmful to the fetus, if the pregnancy is to be continued.



RAPE

It may seem unusual that a crime, rape, appears in a manual of health care. However, grown up women are a high risk group for sexual assault. Our purpose is not to alarm, but to inform you with suggestions about preventing rape and some information about what to do if you or a friend is raped.

When out of your home, pay attention to your surroundings. Walk with someone if possible. Walk briskly-it communicates confidence and a sense of purpose. Stay on lighted street. Vary the routes you take each day. If you see someone standing in the bushes or lurking near a building, turn around and run. Avoid hitchhiking. If you have been out partying, call a cab; do not walk back to home alone from a local bar.

When at home, keep doors and windows locked. Keep lights on in more than one room. If someone calls, give the impression you are not alone. Can someone see through your drapes at night? Is there any place near your home where someone could hide at night?

Thinking about what you would do in a rape confrontation will be helpful, but no amount of forethought can prevent all rapes. If confronted, do the best you can. No one can second guess you. Try to remain calm, but do not be afraid to make a scene. You have several options, including:

- 1) Draw attention-scream, yell "Fire!", blow a whistle
- 2) Escape-run, try to break away
- 3) Fight back-if you have taken a self-defense class and think you can do it.
- 4) Talk your way out-tries to get the assailant to see you as a person, not an object.
- 5) Submit a valid option, especially in a life threatening situation.



Not all rapes are stranger rapes. Acquaintance rape involves someone you have met and may even have come to trust. This could be a neighbor, friend, someone you met at a party or bar.

Date rapes occur when a date forces you into sexual activity against your wishes and without your consent. This is a grey area, legally and emotionally. No one has the right to "take" sex, and no one can "earn" it or "deserve" it or "owe" it either.

If you are raped, immediately seek medical attention to receive treatment for possible injuries, to prevent venereal disease and pregnancy, and to document the attack. Explain the situation and ask for a gynecologist. Hospitals report sexual assaults and rape to the police. Generally, it is best to report the rape to the police and decide later whether or not to press charges; however, this is your decision and you do not have to press charges if you do not wish.

If a friend is raped, it is best to be supportive without smothering sympathy, to be empathetic without retelling your problems, and to allow the victim time to her self when that is preferred.

► **RELAXATION**

Tense? Upset?

The little (and big) frustrations of the day getting you down? It sounds like you need to slow down and relax. One of the easiest and safest way without the use of drugs or drinking is to follow this simple procedure.





Remove distractions (turn off the radio, loosen tight clothing, turn the lights down)

**Take one deep breath. (Several may cause you to hyperventilate)
Inhale through your nose. Exhale through your mouth.**

Return to normal, average breathing. Focus your attention on your breathing, but don't try to change it.

You are "centering" yourself psychologically on your breathing. It is regular, rhythmical, unceasing, a source of stability.



While focusing attention on your breathing, focus your eyes on one unmoving object near you. (The purpose of the visual focus is just to keep you from being distracted.)



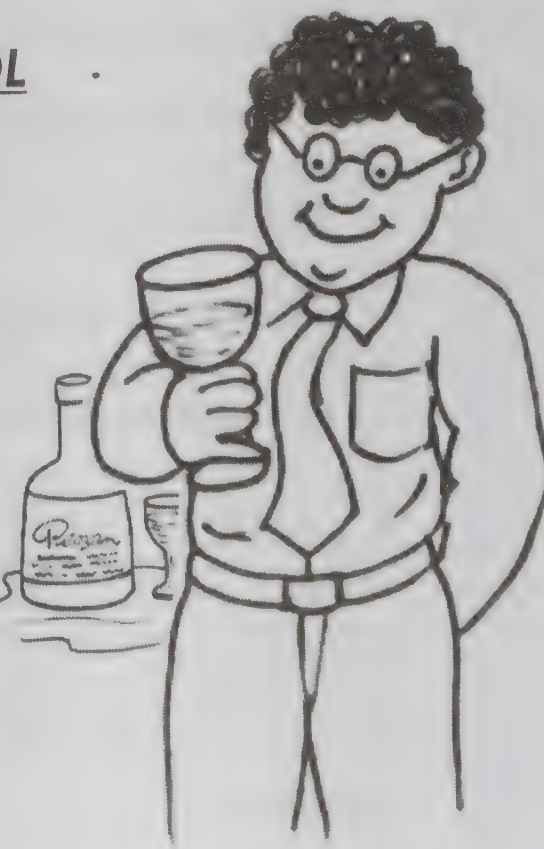
Do these for a period of 10-15 minutes, then slowly "wake yourself up."



Finish with one final deep breath.

RESPONSIBLE DRINKING & ALCOHOL

Drinking is so much part of some cultures that people take it for granted. People drink at home, at parties, in bars, in restaurants, at football games...We drink to relax, to break the ice, to celebrate, to show off, to forget. We often forget that **we have a choice: to drink or not to drink. The choice is ours alone, and the decision is one for which we alone are responsible.**





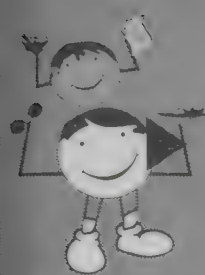
There is a difference between social drinking and problem drinking. Social drinking is drink or two while you are having fun, a glass of wine to enhance a meal, and using alcohol as a beverage. Problem drinking is having to drink to have fun, forgetting what you did while drinking, and using alcohol as a problem solver.

We often see checklists for problem drinkers- the "Are you an alcoholic?" checklist. But only small minorities of us are problem drinkers. How about a checklist for responsible drinking?

A responsible drinker:

- 1- Drinks while relaxing, not to relax.**
- 2- Eats before and during drinking.**
- 3- Has two or fewer drinks daily.**
- 4- Abstains periodically.**
- 5- Doesn't rush, or rush others when drinking.**
- 6- Feels comfortable alternating alcoholic with non-alcoholic drinks.**
- 7- Follows legal sanctions surrounding drinking (legal age, driving while intoxicated, etc.)**
- 8- Recognizes alcohol as a potent drug.**
- 9- Respects the right of others to drink or not to drink.**

If you know someone who is not a responsible drinker, who seems to have drinking problems, don't be afraid to talk to them about it. Show some concern; offer some support, while avoiding preaching or criticizing. Discuss the issue when neither of you is drinking. Be prepared to offer alternatives as for what kinds of professional help are available.



SELF ASSERTION

You are waiting in line to see a movie. The line in front of you is long. You look over to the window to see how much progress you've made, and when you look back you discover someone has stepped in line in front of you.

In this situation you could:

1. **Say nothing, as the line-crasher has probably been waiting to see this movie all week and you can sympathize with that;**
2. **Pretend you haven't seen it happen (this way you can't be expected to do anything about it);**
3. **Tell the crasher. "Look, you jerk, you'd better get to the end of the line before I flatten you."**
4. **Tell the crasher, "You cannot break in line here. Why don't you try the end of the line?"**

If you choose #1, you are a rationalizer, letting other people have their way, telling yourself you don't mind. If you choose #2, Chances are you don't feel too good about yourself and suspect you are somehow inherently weak. If you choose #3, you are over-zealous and probably your aggressiveness has labeled you a loudmouth. Many people will find you uncomfortable to be with. If you choose #4, you are asserting yourself and feel your actions have a positive effect on your situation.

When you assert yourself, you have more self confidence and a feeling of well being that comes from knowing you are in control of most situations and have the respect of others.

Now for the big questions. If you weren't born with it, how do you get to be more assertive? Answer: same way you succeed in anything else. Practice. Here are some exercises you might try to increase your ability to assert yourself.




- 1- If possible borrow a tape recorder and mirror, Practice saying: I like....., I don't like....., I want, I don't want....., I will, I won't, Yes....., No....., until the words begin to feel and sound comfortable;
- 2- Practice control of voice-everyday speaking tone, assertive tone, yell;
- 3- Think of some past situation in which you have been unsatisfied with your response. Practice some more direct statement that would have led to more satisfactory outcomes, until the words sound and feel right for you.

► **SKIN CARE**

Your skin is the largest organ of your body. It is your border, living and breathing, sensitive to pressure, pain, temperature and texture. Living on the surface of your body are bacteria that do many useful things. Normally, the skin cells and bacteria work out a peaceful coexistence that is beneficial to both. Placing chemicals or foreign bacteria on the skin threatens this peaceful coexistence and may upset the healthy balance, thereby causing a rash or skin infection. Commonly used items, that contain chemicals that might upset the balance on your skin include: deodorants, hair dye, douches, harsh soaps (especially "anti-bacterial" soaps), shaving lotions, hair sprays, genital deodorants, make-up, and detergents for clothes and dishes, household cleaners, and on and on.





Read the labels on everything you put on your skin and hair. Notice how your skin feels when you use any of these items. Listen to your skin.



Skin cells need the same things internal cells need, fluids and food.



Careful bathing will ensure the skin has plenty of both.



One may use moisturizers if required. Most Soaps have drying effect.

► **SMOKING**

To smoke or not to smoke; that is the question. It is matter of personal choice. However, the link between smoking and lung cancer seems clear, if you are going to smoke, you should know what is happening in your body.

1- Each time you inhale tobacco smoke you kill several hundred lungs cells.

2- You send carbon monoxide in to the blood where it competes with oxygen for hemoglobin (and usually wins)

3- You paralyze the bronchial cilia (hairs that catch thing) and make it hard for them to keep bacteria from the lungs.

4- You speed up your heart rate.

5- You dull you brain with carbon monoxide, thereby slowing your reaction time and visual acuity.



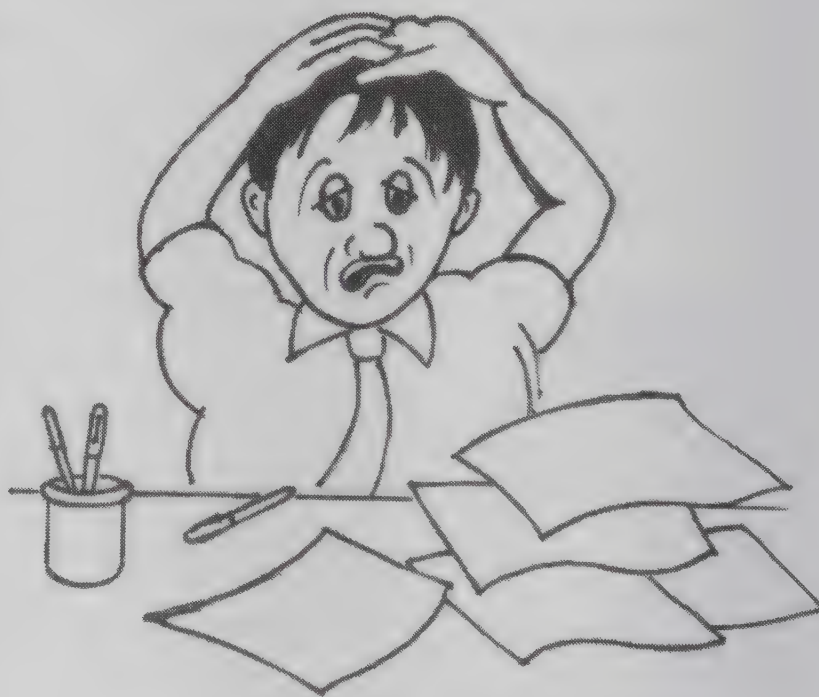


- 6- Nicotine hits the central nervous system and stimulates it to release hormones. A feeling of depression and fatigue follows the nicotine "rush".
- 7- Other components of cigarette smoke cause the arteries to contract, causing a decrease in blood supply to the fingers and toes, and a drop in skin temperature.

For further details please see tobacco use prevention.

► **STRESS**

Stress is a general description for our physical and emotional responses to changes or demands in our lives. The changes do not have to be negative to be stressful. Starting a new job can be just as stressful as being fired. Some of the changes we experience are "bombs" major stressors like the deaths of a good friend. However, minor stressors are currently thought to have a larger cumulative effect on us than do the "bombs."



Under stress, your heart beats faster, you breathe faster, your blood pressure goes up, and other metabolic changes occur. Psychologically you may feel rushed, nervous, or irritable; have difficulty concentrating; feel fatigued; feel time pressured. Stress can also produce various



physical symptoms like headaches and muscle tension, sleeplessness, and appetite changes.

Each of us has a unique stress profile. What is stressful for you may not be so for someone else. The same can be said for stress relievers: what works for you may not work for someone else. We can make certain generalizations, however. Good basic nutrition, coupled with regular exercise, regular rest, and regular involvement in an activity that you enjoy help build up resistance to stress. It also appears that having one or more close friends with whom you can and do confide is important.



Finally, instruction in time management, stress management and relaxation techniques may be beneficial.



If you feel stressful check out some of the relevant section in this booklet (Fitness, Nutrition, Relaxation, etc.), or consult a doctor.

► **SUN and SUNBURN**

Sunburn is the most common problem caused by the sun. Mild cases cause the skin to be red and tender. In serious cases the skin blisters and swells. Staying out in the sun initially for 10-15 minutes and then gradually increasing exposure will prevent sunburn.

Continued exposure to the sun can result in aged skin and skin cancer. Sun screen lotions are rated with "sun protection factor"





numbers that range from 2 (almost no protection) to 15 (complete sun block). SPF numbers indicate the amount of increase resistance to sun-burning the product provides compared to unprotected skin. For example, a SPF of 6 allows six times the exposure to the sun.



Keep in mind that water (perspiration, swimming) and time can lessen the effectiveness of a sunscreen.



TEETH

Preventive dentistry, like preventive medicine, is the high road. It takes just five minutes a day, and it's better than being in the chair with the drills whining. Home dental care is the key, supplemented by regular examinations by your dentist.

Nutrition makes a difference. Avoid excessive sweets (candy, cake, sugar gum and all those sweet munchies).

Brushing do it after each meal if possible. A soft natural bristle brush is good for most people. Brush over the gum too, to stimulate circulation. You can't brush after every meal. So consider having an apple or carrot for dessert, to help massage the gums and clean debris from between the teeth.



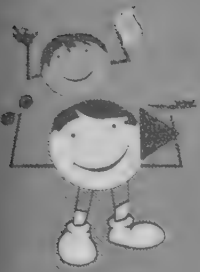
Flossing do it daily if possible. Once you are in the habit, it's not difficult, and it gets out all of the debris missed by brushing.



Visit a dentist once or twice a year.



Healthy teeth are essential for healthy body.



TESTICULAR SELF EXAM

Cancer of the testes, the male reproductive glands, is one of the more common cancers in men 15-34 years of age, and it accounts for approximately 12 percent of all cancer deaths in this age group. The single most important factor in successful treatment of testicular cancer is early detection, and it is curable in most cases if treated early.

The testicular self-exam is simple, painless, and quite effective in detecting testicular cancer. The best time for a man to examine his testicle is right after a hot bath or shower. Each testicle should be examined with the fingers of both hands. Place the index and middle fingers on the underside of the testicle and the thumb on the top. Gently roll the testicle between the thumb and fingers, feeling for hard or soft lumps. It is best to perform the exam once a month and it only takes a minute.

Located at the back of the testicle is the epididymis and spermatic cord. These structures allow sperm to travel through the vas deferens to the prostate gland. These structures should not be confused with an abnormality. If you discover a lump, it is important to report the discovery to a physician.

► TRAVELER'S HINTS:

Traveler's diarrhea: A syndrome characterized by loose stools, slight fever and abdominal cramps. There is no foolproof way to prevent or cure every case. The cause is often obscure.






Traveler's diarrhea is not limited to traveling to foreign countries: you may get traveler's diarrhea while traveling to different parts of your own country.

Person who should not use anti-diarrhea drugs purchased on their



own. Entero-Vioform (and others like Iodochlorhydroquin) has been associated with severe and sometimes irreversible neurological symptoms, and although banned in Japan and withdrawn from the market in the United States, it is still sold for treatment for diarrhea in many countries like India, without adequate warning.



-  ***If you are going to an area of questionable sanitation, remember to stick with cooked foods and things which can be peeled.***
-  ***Rely on bottled, purified water; drinks prepared with boiled water, and soft drinks.***
-  ***Remember that ice cubes and tap water can carry infection.***
-  ***Be certain not to wet your toothbrush with tap water.***
-  ***You may also want to pack an over the counter ORS.***
If the symptoms persist even after self-care (see Diarrhea), check with your clinician.



VEGETARIANISM

Vegetarianism dates back to Greek civilizations and has a story traced throughout history. There are many reasons why people choose vegetarian diets, including personal preference and appeal, religious convictions, cultural orientation, and preparation restrictions. **Today, the low cost of varied vegetarian dishes attracts the economy minded.**

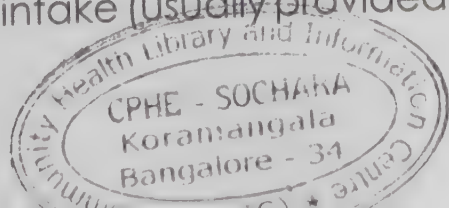


There are three basic types of vegetarian diets:

- 1- Lacto-Ovo avoids fish, meat, poultry, but will eat dairy products (milk, eggs, cheese)
- 2- Lacto avoids fish, meat, poultry and eggs, but will consume dairy products such as cheese, yoghurt, and milk.
- 3- Strict or Pure Vegan-avoids all food of animal origin, including all mentioned above.

A diet which is nutritionally sound is possible for pure vegetarians, but special attention should be given to the following:

- 1- You must be sure to take enough vitamin B-12 and Riboflavin (found only in foods of animal origin) through vitamin B-12 fortified foods or a pill supplement. These nutrients are important for nerve functions and for blood cell formation.
- 2- Eat dark green leafy vegetables served twice daily for calcium intake (usually provided in milk products).



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- 3- Vitamin D (also provided through milk products) is produced in the body by exposure to sunshine and adults spending a little time outside should produce an adequate amount.
- 4- It is important to combine complementary foods to get the most nutritional value out of each. In order to obtain all essential amino acids (proteins), eat grains plus legumes, grains plus nuts and seeds, or legumes plus seeds (dried beans and corn, dried beans and rice, peanuts and whole wheat, or sesame seeds and soybeans).
Special diet supplements may be necessary during pregnancy and for growing children. Vegetarians might wish to consult a dietitian to ensure that they are staying nutritionally sound.

► **WEIGHT REDUCTION**

Many Indians fall into the overweight category. Quite a few of the neo-rich are "clinically obese". Hundreds of fad diets and drugs hit the market each year, each being the latest sure cure for obesity. Experience shows, however, that short term restrictive diets produce short-lived successes.

How did we get so fat? WE have perhaps been too successful at developing work saving devices that require less and less expenditure of human energy. Eating has become a socially preferred and culturally conditioned activity. We have grown up in the midst of plenty,





so we eat plenty. These are some of the reasons we are fat, but they are also poor excuses.

How can you begin to balance your energy needs and your eating? You've got to begin with a belief in your own ability to control your eating.

Develop sound nutritional habits. That means eating foods from all four food groups (see nutrition), and eating reasonable portions. Junk foods like soft drinks, candy, chips, pies, cakes, and biscuits are loaded with sugar, fats and calories. They are best avoided. Eating well balanced meals, including breakfast, will prevent the munchies and get you off to a good start.

Increase your energy expenditure through daily exercise and recreation. This burns calories and also helps maintain muscle tone. Take the stairs, ride your bike instead of driving. Take a physical education course as an elective. India's weather makes it easy for you to be active outdoors all year around. Start these changes slowly and work up, making it regular part of your daily routine.

Do you eat when you are bored or when you study, even if you are not hungry? Do you eat too fast or too much before you know it? Try to be aware of you eating behaviour, and try to be responsive to your body's needs.

If need be, get involved in changing your eating habits either through joining a weight reduction program or by beginning to manage your weight problem on your own.



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Health Screening and Health Services





PREFACE

SECTION I

I. PROMOTIVE & PREVENTIVE ASPECTS OF ADULT HEALTH 1

Introduction: Health Promotion and Disease Prevention

Health Promotion and Disease Prevention

Regular health check-up and screening

Counseling For Self Care

Role Of Medicines In Prevention

SECTION II

II. HEALTH CHECK-UPS 10-19

How to do a general examination

How to record weight correctly. (Do's and Don'ts)

How to record height correctly. (Do's and Don'ts)

How to look for anemia

Routine dental checkup for oral hygiene.

Testing for visual defects

Testing for hearing defects

Taking menstrual history

ANNEXURES 20-27

Record sheet for boys and girls

Standard Charts: Height for age [boys]

Standard Charts: Height for age [girls]

Standard Charts: Weight for age [boys]

Standard Charts: Weight for age [girls]

Standard Charts: Weight for height [adult men]

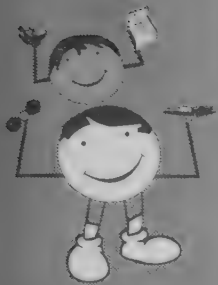
Standard Charts: Weight for height [adult women]

ORGANIZING OUTREACH HEALTH SERVICES 28-29

SECTION III

III. GETTING WELL 30-70

DRUG DOSAGE 71-72



This third part of the manual 'Health Promotion through Schools' is about health services and regaining health early in case of ailments. Here health promotion of students and staff is mainly discussed through health screening and health services.

For a growing school-going child, health promotion is essential basis for achieving academic, athletic and extra-curricular success and also forms the foundation of healthy adult and healthy community. Any deficiency in achieving positive health directly affects the child's academic achievements and paves way for life long physical or psycho-social handicap. This is especially true of marginal deficiencies of hemoglobin, hearing and vision.

Thus health screening and health services of students need to primarily aim at discovering problems related to

- * Growth*
- * Hearing*
- * Vision*
- * Anaemia*
- * Worm Infestation*
- * Vitamin A deficiency*
- * Oral Hygiene*
- * Reproductive tract problems*

Also adolescent children need to be informed about their maturing sexuality and any problems related to these especially those related to menstruation need to be addressed.




Any problem especially related to hearing, vision and anemia will have long term adverse consequences which are especially of great significance because the amount of psycho-social harm they do is only recently being discovered and is very substantial particularly for a growing economy such as that of India.

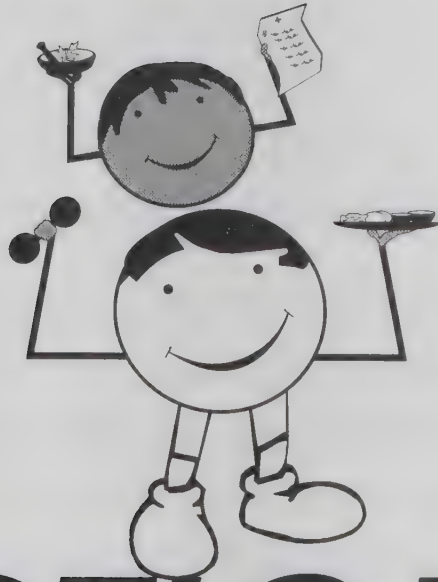
On the other hand, we are all aware that the medical fraternity is already overburdened and is not able to perform health screening on a regular basis, which is very much needed. The alternative is a school health team that can conduct and keep a record of regular health screening of all students as well as staff with reasonable success. The uniqueness of this program is that it involves participation of the entire school community which makes for the process to become educative and at the same time breaks the monotony involved in such an exercise.

In this part in section II end we discuss a set of Guidelines for conducting health check-up screening. It contains steps of doing the check-up.

However, for the teachers and staff apart from the above mentioned screening what is needed is promotive and preventive aspects of adult health and these are especially discussed in the section I of this part of the manual.

In the IIIrd section, 'Getting Well' are discussed some very common problems that are encountered in a school setting and their treatment.

Be Healthy to  Live Healthy



SECTION - I

Promotive & Preventive Aspects of Adult Health

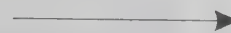
1. Introduction

Adults have a very important role to play in the community as they constitute the productive work force in the country. They serve as role-models and are the decision makers in their own life as well as their family be it health, education, occupation or any other important activity. So adults must acquire knowledge and skills about healthy habits. They need to adopt healthy life style for themselves and their family.

Today in India, adults are susceptible to various diseases. Communicable diseases viz. Tuberculosis, Malaria, Jaundice, Diarrheas, etc. continue to remain a major problem. AIDS is on the rise. In women, deaths and disease related to pregnancy and other gynecological problems continue to persist in a large proportion of the population.

Non- communicable disease viz. anemia, hypertension, cancers, death due to accidents, heart disease is on the rise. Some factors that are responsible for these diseases are:

- * Cigarette smoking and other forms of tobacco use



- * Alcohol abuse



- * Life style changes
(e.g. fat and calorie rich diet pattern , physical inactivity)



- * Environmental factors: Air, water pollution,

- * Occupation related

- * Various Stress factors viz. interpersonal problems communication problems, fear of failures in careers etc



Even though treatment is available for many of these diseases, people are not able to avail of these treatment facilities due to ignorance and poverty.

Ignorance here means lack of “scientifically correct” awareness about health and disease. In our country most of us believe that our health and disease is in “God's hands “and that we are helpless and cannot do any thing to remain healthy. This is definitely a misleading thought. All of us must know and we must believe that our health is in our own hands and that we are responsible for our own health. We can protect ourselves from diseases and we can also control diseases from progressing to a serious stage. Diseases can be prevented by taking timely action and seeking timely help from health providers among them doctors.

In any progressive society, adults strive to increase the longevity as well as their activity and productivity. This is possible only if they can adopt a healthy life style. They can lead a healthy life only if they know what to do and what not to do; which practices are responsible for causing diseases and which practices promote good health.

Our body and mind have the capacity to protect us from many diseases and disability causing agents. These agents are living germs namely bacteria, viruses, etc and non-living factors viz. wrong foods, tobacco, alcohol, drugs etc. of the environment viz. polluted air, water, stressful situations etc.

As we grow older, we realize that we are always facing numerous onslaughts to our being from disease agents and the vagaries of environment day in and day out. There is a continuous struggle going on between our body and the above two factors i.e. disease-agents and environment. To have positive health, we human-beings have to succeed in this struggle for existence and become the fittest survivors. The only way to be survivors is to be strong and healthy physically, mentally, spiritually as well as socially.



2. Prevention of Disease

What exactly is health?

The governing body of World Health Organization (WHO) defines health as "A state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity".

This means that the person is able to work physically to his maximum ability / capacity, feels happy and contented and is also satisfied with his place in the society.

This section of this part of the manual guides teachers and school staff above 25 years to take care of their health and thus lead a productive and happy life. This section can be useful to all individuals above 25 years, including parents. Thus it is a self care guide.

This manual will help adults to arrest the disease process at the earliest; restore health by seeking out unrecognized disease and treating it before irreversible damage to organs have taken place. It gives an idea as to how to prevent the spread of disease and thus protect others (relatives, neighbors and maids) from acquiring infections.

Anyone following the principles and practices suggested in this manual will be able to have a fair knowledge of basics of preventive aspect of health and health promotion. S/He will be better equipped with the know-how to change unhealthy attitude and behavior and finally adopt a healthy life style.



Q. What is Disease Prevention?

"Prevention is better than cure" is a very old saying. Prevention of disease implies action taken before any disease can affect an individual. It means that a person takes timely necessary precautions, so that he remains fit and active. Prevention also means taking action even after a disease has already affected the person, but disease has not yet become complicated i.e. out of control.

We see that preventive action can be taken at different levels i.e. primary level, secondary level & tertiary level. The first level of prevention is when action is taken before the onset of disease. In technical terms, this is called primary prevention. Preventive action is taken by a person when he feels completely healthy i.e. free from disease, so that he continues to remain healthy.

The next level of prevention is *taking* action immediately during the earliest stages of disease. This is secondary prevention. This involves seeking early medical advice, so that disease can be diagnosed early and treatment started at the earliest.

The next level of prevention is intervention action taken after the complicated stage / full-blown onset of disease. This action involves disability limitation and rehabilitation, which can be seen to be damage control measures. In technical terms, this can be called tertiary prevention.

For practical purposes, and as most relevant to us, we are describing two levels of prevention i.e. Primary and Secondary. One can stay healthy by practicing following certain healthy practices / norms.



Examples of Primary and secondary prevention

Primary prevention: The principles of primary prevention can be applied to prevent coronary heart disease, hypertension, diabetes, and cancer. This is possible by eliminating or modifying risk factors.

For example we know that obesity is one of the factors that causes hypertension and diabetes. So we can take measures and avoid becoming obese. These primary preventive measures are diet regulation and appropriate exercise. Another example is Antenatal care during pregnancy, which protects the mother and child inside the womb.

Secondary prevention: It is action that halts the progress of disease at its incipient stage and prevents complications. The specific interventions are early diagnosis and adequate treatment. It attempts to arrest the disease process; restore health by seeking out unrecognized disease and treating it before irreversible pathological changes have taken place. The drawback is that sometimes person has already undergone a lot of mental anguish and physical pain and loss of productivity. For example, as soon as an individual is detected to be hypertensive, diabetic, or having coronary artery disease or certain cancer he/she quickly consults a doctor and takes regular treatment.

But **health promotion** is not just averting the occurrence of disease and prolonging life. It includes "positive health". POSITIVE HEALTH is a concept that encourages a level of health that will enable every individual to lead a socially and economically productive and happy life and achieve his or her full potential in physical, mental, social and spiritual life.



3. Regular Health Check -Ups and Screening

The ways to promote positive health are very easy. Some very basic principles need to be followed. The most important thing to remember is that even when you feel absolutely healthy, it helps to have a health check-up. Regular Screening every six months is a must. These parameters need to be assessed by a competent person regularly.

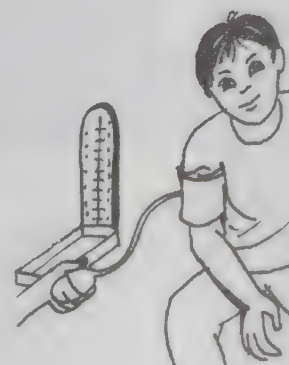
* **Height:** Height need not be assessed every time after adults have achieved their full height generally.



* **Weight:** Regular weighing with the help of a balance is essential. Your weight should be as near as possible within normal range. You should be neither underweight nor over weight. If your weight is below acceptable normal, then you may be suffering from malnourishment. If your weight is above acceptable normal, then you may be suffering from obesity. Obesity is a factor in the causation of diseases like hypertension, diabetes, heart diseases. Follow Doctors orders and try to maintain ideal weight.



* **Blood Pressure(BP):** Get your BP measured so that any deviation from normal can be noticed early and appropriate measures can be adopted to control BP. BP can become higher than normal or sometimes it may also be below normal. High BP is called hypertension and is a serious disease.



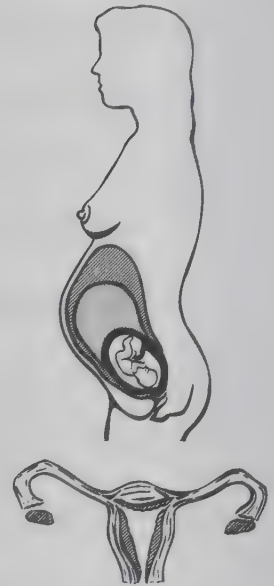
However it can be controlled if treated early and Doctor's advice is followed completely. In case you are already suffering from hypertension, you can check your BP regularly even at home.



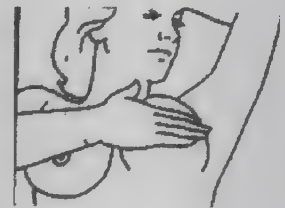
Presently electronic BP apparatus is available, which can be handled easily even by a lay non-medical person.

* **Gynecological examination and Pap's smear:**

Pap smear is a test specially recommended for woman above 35 years. It is a must for all women. She must consult a gynecologist to get it done. It can detect early cancer change in the Cervix. Once these changes are detected, prompt early action can be taken. As we know Cancer Cervix is difficult to treat in the later stages.



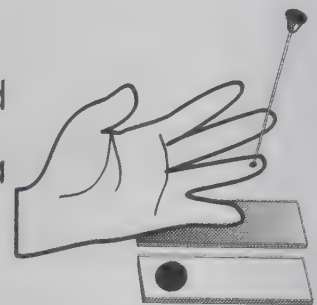
* **Breast exam and Mammography:** Every woman must examine her own breast regularly for lumps, redness, and discharge from the nipple or any changes in breast contour viz. puckering. All four quadrants of breast are to be examined.



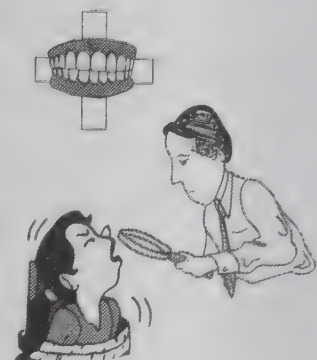
* **Vision and Hearing screening:** You can get your eyes and ears tested to detect visual or hearing impairment at the earliest.

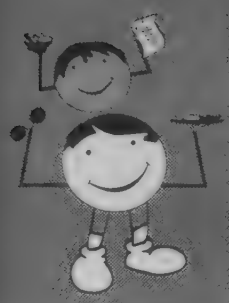


* **Blood tests:** Blood sugar level, cholesterol, lipid profile should be estimated every year even if a person has no problems.



* **Dental visits :** Generally a person goes to a dentist only if he has tooth ache or bleeding from the gums or any other problems. Each individual must go to a dentist at least once every year. This will help one have healthy teeth and gums.



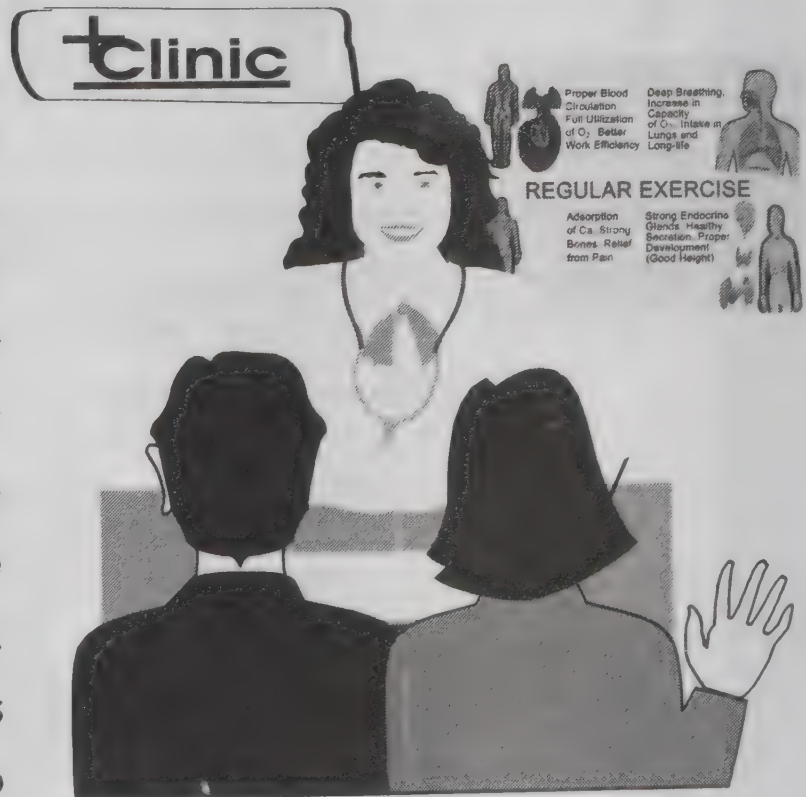


4. Counseling for Self Care

Even today many do not know and also are not sure about what is good / bad for their health. As a result of the present culture and lifestyle in India, more so in urban areas, more and more adults are leading sedentary life styles, eating wrong kinds of food, partaking food rich in fats and fast foods. Many also have irregular eating habits. They are indulging in smoking, tobacco chewing, consuming alcohol etc mistakenly thinking these as a means of entertainment. Health problems consequent to these habits are compounded by mental tension as a result of today's competition and stressful lifestyle. Due to constraints due to conservativeness in Indian society, people choose to remain ignorant about contraceptives and

STD prevention. Awareness is also absent about old age problems viz. hypertension, diabetes, accidental falls, etc. Very often we hear persons grumbling about wearing helmets while driving as if this action were to benefit the government. Thus they sustain serious head injuries leading to disability and death. So we

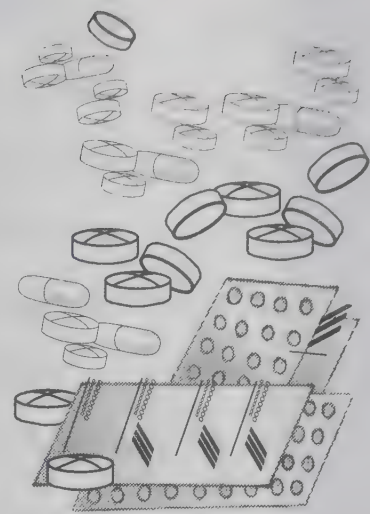
can see that the only other way to help others remain healthy is by regular counseling for self care on the following topics.



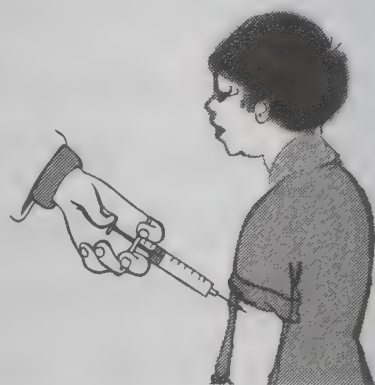
"Prevention is better than cure"

5. Role of Medicines in Prevention

We know that some medicines or vaccines are available, which taken timely will protect us from certain specific diseases. They are taken in case many people in your locality are falling sick due to these diseases. They exert a protective action and prevent onset of disease, when taken in correct dose. Meet a Doctor, who will show you the correct method of taking the medicines

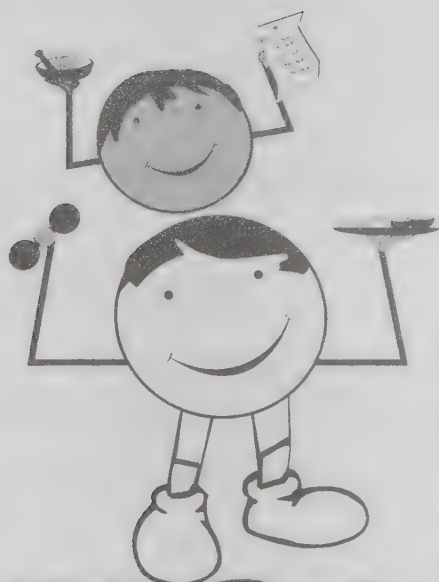


* **Vaccinations:** Vaccines like DPT, Polio, BCG and Measles are administered to small children as recommended by GOI in the immunization schedule. Other than these, vaccinations can be used during these specific problems Typhoid, Flu, Hepatitis B to protect ourselves from these diseases. These are available in India and are very effective.



* **Chemoprophylaxis**

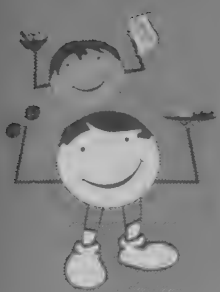
1. Iron and Folic acid supplements are useful in prevention of anemia especially among women.
2. Calcium also has a role in prevention of osteoporosis as it leads to strong bones especially among women.
3. Hormone replacement in post menopausal women prevents osteoporosis.
4. Diseases viz. Malaria can be prevented by taking medicines when there are many cases of Malaria occurring in the locality. Malaria can be diagnosed by a blood sample tested in the pathology lab.



SECTION - II

Health Check-ups in Schools





This section gives among other things details of

- * How to do a general examination, which is about build (average, small), cleanliness & healthy appearance
- * How to record weight and height correctly (do's and don'ts)
- * How to look for anemia
- * How to make use of Snellen's, Jaeger's And Ishihara's charts for visual acuity & color vision
- * How to test for hearing using tuning fork
- * It gives tips about routine dental checkup for oral hygiene.
- * In older girls taking history of Menstrual Cycles is very important in screening.
- * It contains a Record sheet to record the results of the screening and
- * Requirement for any referral with dates.

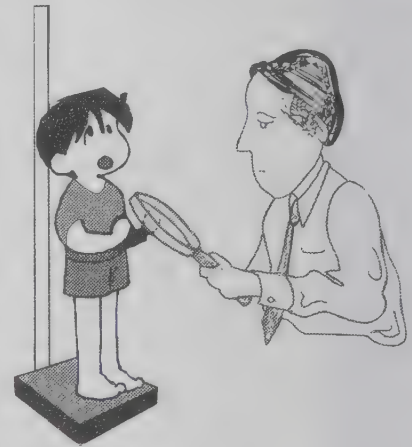
The check-up will not take more than a maximum of 30 minutes per person. And if the process is streamlined this timings can be much reduced so that about 100 persons can be screened with in 4 to 5 hours. For this there should be 10 members school health team which operates from a central location but better still from with in each school.

The health record is very easy (not cumbersome) to maintain. One record sheet will be used for each student for four screening check-ups. Screening is needed every six months. The school will maintain the record sheets of each class together.



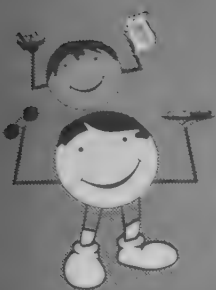
1. How to do an overall general external examination

Importance: As soon as any child appears before you, you systematically look at the child from head to toe and observe her external appearance. This is General examination. Doing a General Medical examination to assess a child's health is not difficult. It is a very simple and routine procedure and gives a good general idea about the child's health. Based on which you can definitely conclude whether child is healthy or not.



Procedure: No equipment is required. Observe the child carefully from head to toe as soon as she walks into the room. Then proceed to conduct a General Medical examination step by step as described below. The following points are to be noted:

1. *Her walk:* See if she walks normally or limps
2. *Her overall appearance (personal hygiene):* Note whether she looks tidy or not. First of all observe whether hair is combed neatly. Then observe her clothes, if they are, clean or dirty and unwashed. Also see the state of hands and feet if they are washed or not.
3. *Her scalp and hair:* Look whether healthy or sparse, dry and unhealthy. Observe for lice and eruptions, boils, whitish spots and scaly eruptions.
4. *Her nails:* Note the color and shape. A healthy child should have pink and smooth nails. **(See fig 2.1)**
5. *Then Her expression:* A healthy child appears healthy with bright eyes smiling expression and interested in surroundings. An unhealthy child has dull eyes and miserable expression and is disinterested in her surroundings.
6. *Skin:* Ask child to pull up the sleeves of her shirt and loosen it. Then look at state of skin whether shining or dry. Look for cuts,



injuries, swellings, skin infections, boils, rashes over the body. If child has any of the above, child may need medication and may need to be referred to a doctor.

7. **Eyes:** Look for *watering* and redness in the eyes. Look for Bitot's spots in eyes. Also you can notice if there is any squint. If child has any of the above, child is to be referred to a specialist.
8. **Nose and ear:** First Look for any obvious defects and then look for any discharge from nose and ears. If child has any of these, child requires treatment.
9. **BCG scar on left arm:** BCG scar is looked for on the left upper arm. It indicates that child may have taken all her vaccines. **(See fig 2.2)**
10. **Deformity:** Look for any obvious deformity in any part body viz. Ears, cleft lips, swellings, shape of hands and legs **(See fig 2.3)**
11. **Asking Questions:** After seeing and noting down all the above points, you have to try finding out if child is suffering from any of the commonly occurring health complaints. Ask whether child passes worms in stools? Then Ask whether child is presently having any other complaints viz. fever, diarrhea, cough, earache, headache, severe pain anywhere in the body. If child has any of the above, child is to be referred to a doctor.
12. Ask for history of Epilepsy, TB or any other health disorder for which she is taking treatment

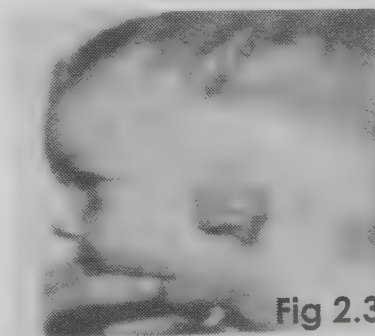


Fig 2.3

Inference and Action to be taken: After completing General Medical examination by following the above 11 steps, you will be able to conclude whether child is healthy or not. A child not found to be healthy and suffering from any problem needs treatment and / or referral to a Hospital / Doctor.



2. Recording weight correctly

Importance: Measuring a child's weight is one of the easiest ways of monitoring her growth and development. Weight depends on age and height of a child. Hence there will be differences in weights of children. Recording a child's weight regularly and serially is more important than a single reading alone. Improper weight for age is a cause for concern and it indicates that child may not be healthy. Inadequate gain in weight definitely is a cause for concern.



Procedure: First set the weighing machine at zero reading by viewing it and removing the parallax. Then make the child stand on the weighing machine with both feet on either side of the dial. Record the weight (**See fig 2.4**).

Do's and Don'ts while taking weight;

1. Ensure correctness by removing the parallax
2. Ensure that scale is set at zero every time before weighing each child.
3. Weight with only light wear.

Inference: Check whether it is within the acceptable normal limit or it is less than or more than normal. If less then refer to a Doctor. (ref. appendix)



HEALTH CHECK-UPS IN SCHOOLS



Figure-2.1



Figure-2.2



Figure-2.4

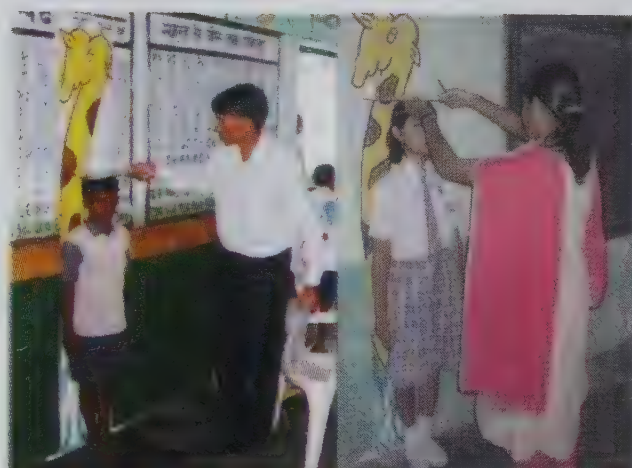


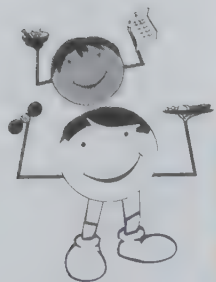
Figure-2.5



Figure-2.6



Figure-2.7



HEALTH CHECK-UPS IN SCHOOLS

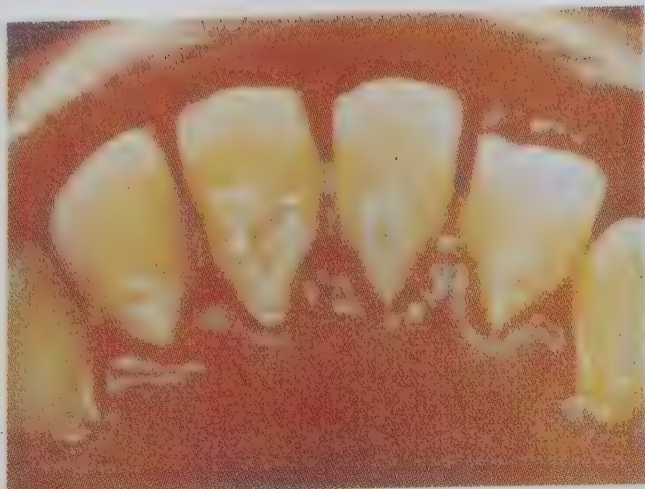


Figure-2.8



Figure-2.9



Figure-2.10



Figure-2.11

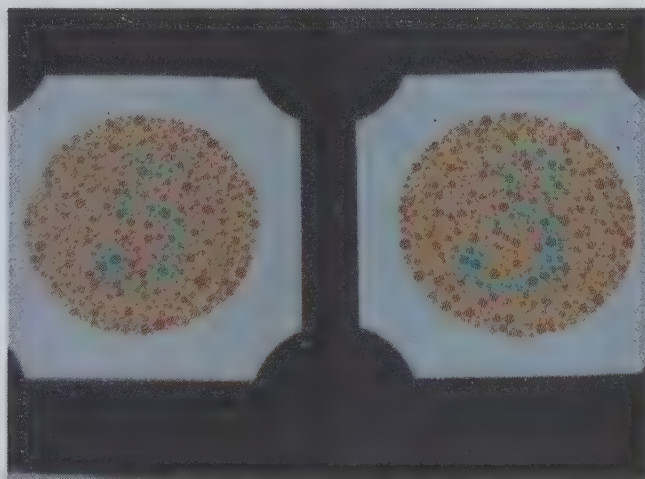


Figure-2.12



Figure-2.13



3. Recording height correctly

Importance: Recording a child's height regularly is one very important assessment. It is an indicator showing that s/he is growing normally and is healthy. Improper height for age is a cause for concern and it indicates that child may not be healthy. Inadequate gain in height definitely is a cause for concern.



Procedure: In older children, standing height is measured. Make the child stand against a vertical scale fixed on a stand or pasted on the wall. Make sure that the child stands comfortably with heels, buttocks, shoulders and head touching the wall and the feet parallel. Arms should hang naturally by the sides. Mark the highest point of the head on the wall with the help of a flat hard surface like cardboard placed on the vertex of the head and perpendicularly touching the wall. Measure and then record the height (**See fig 2.5**)

Do's and Don'ts while taking height:

1. A steel measuring tape may be used. We have developed special 'giraffe' scale for the purpose.
2. However never use a tailor's tape!

Inference: Generally there is an increase in height between 2-4 cms every year. If height does not increase serially, refer the child to a Doctor / pediatrician.



4. How to look for anemia (eyes, tongue, palms)

Importance: Haemoglobin has very important function of carrying oxygen to all the parts of the body including brain where it is vital for all higher functions like concentration, memory and the like. Anemia can be corrected easily. You can notice it easily by looking at child's eyes, tongue and palms. These parts have a healthy reddish pink color. If these parts look pale or whitish, then the child has anemia. Send the child to a Doctor so that her blood can be tested for hemoglobin [Hb]



Procedure: As the child is sitting, compare the color of her eyes, tongue and palms with the surrounding colors in the chart given (See fig 2.6)



Do's and Don'ts while taking height:

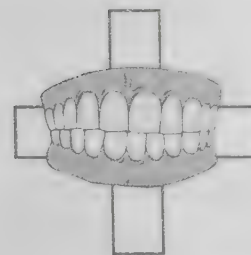
1. Please use natural light for the purpose and not artificial light.

Inference: If the child has inadequate haemoglobin [less red blood] or is suffering from anaemia [pale tongue, lips and palms] she requires to be treated with iron supplements.



5. Routine dental checkup

Importance: Routine dental checkup involves observing the mouth, gums and teeth.



Procedure: Proceed as per the steps given below:

1. Ask child to open her mouth.
2. Notice her breath. If there is foul smell, the child needs referral.
3. Then look at the gums and see if they are normal, which are pink and adhere to the teeth having a definite sharp border. Look if they are swollen and / or red or has pus points, bleeding, spongy gums (**See fig 2.7**)
4. Notice the arrangement of teeth. Then look at teeth. Look both inside and outside view of teeth. Note the color of teeth. Dull, unglazed with red stains or chalk white patches on teeth indicates teeth problems. Look for plaques. Look for tartar deposits and stains viz. reddish brown. (**See fig 2.8**). Look for caries (**See fig 2.9**)



Inference: If child has any dental problem, refer to dentist



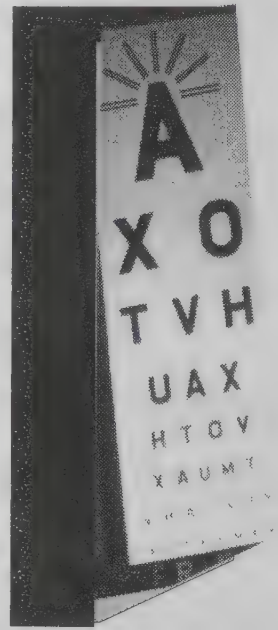
*Healthy teeth are essential
for Healthy body.*



6. Visual Acuity and Colour vision examination:

Importance: Any child having visual defects mainly has problems related to acuity, color blindness (unable to see red or green) or night blindness. This will hamper the child's learning and performance.

Procedure: The following steps are followed. Visual acuity for distant vision is measured with Snellen's chart. The child is made to sit at distance of 6 m (20 feet) from the chart (**See fig 2.10**). Each eye is tested separately. Tell the child to cover one eye with the eye shield. Then ask her to read / identify the letters / symbols in descending order. After testing one

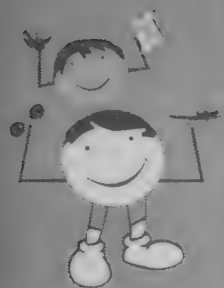


eye, test the other eye. Color blindness can be assessed using Ishihara's chart (**See fig 2.11**). Ask whether she can see properly at night or whether she keeps falling in the dark for determining vitamin A deficiency.

Inference: Child with normal vision must be able to read the 7th line easily [6/6]. She must be able to distinguish colours.

For Testing Near Vision:-

Jaeger's chart is held at the distance of 40cm. from the person and she is asked to read or identify the letters / symbols in ascending order. The rest of the procedures are the same as for the distance vision examination. (**See fig 2.12**)



7. Examination for hearing:

Importance: Normal hearing is absolutely essential for a child to be able to learn. Minor hearing problem undetected will not only result in poor academic performance but risk the child in being labeled as abnormal in a variety of ways.

Procedure: We use tuning fork for it. Striking gently the tuning fork on the palm we produce vibration and then take it to the ear of the person. **(See fig 2.13)** We then ask the person if he or she can hear the sound produced by the vibrating fork. If he / she answers that he / she can, then we instruct him / her to tell us "Stop" as soon as the sound stops then when the person says "Stop", immediately we put the tuning fork on the bone at the back of the ear and again ask the same question.



Inference: If she answers that she can not hear any sound from the tuning fork on the bone after the sound of vibrating tuning fork held near the ear of the child has stopped then her hearing is normal but if she can hear the same sound through the bone after it has stopped in the ear then she needs to be referred to a doctor.



Avoid using Q-tips [ear buds] as this can push the wax deeper into the ear.



8. In older girls taking history of Menstrual Cycles

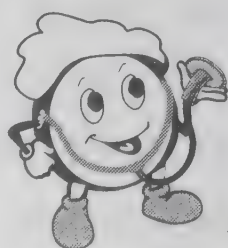
IF a girl is more than 10 yrs then ask her whether she has started her cycles. Ask about:

1. Number of days c bleeding
2. Periodicity
3. Bleeding amount

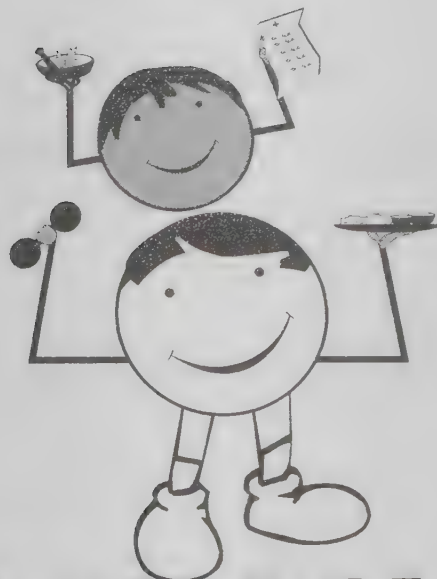


A girl usually starts her periods by 12 -- 15 yrs. Some girls start earlier. For some others, cycles are delayed. Once a girl begins to menstruate, she should have regular cycles, i.e. bleeding for 4 - 5 days every 28 - 30 days. Normally it should not be very painful also.

It is very important to record details of menstruation. If while asking for details, a girl is detected as having any irregularity or heavy bleeding or severe pain, then she needs referral to gynecologist. Irregularity means bleeding twice a month or bleeding every 20 days or delays of more than 35 days.

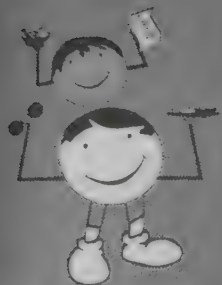


*Health Check-up
is Necessary to
Beautify the Personality*



ANNEXURES

**Record Sheet For
Boys & Girls**



RAMAKRISHNA MISSION HOME OF SERVICE, LUXA, VARANASI.
Health Check-Up Format

Name of School: _____

Name: _____ Age/Sex: _____ Class / Occ. _____
Own Name Mother's Father's/Husband's Title

Father's/Husband's Occupation: _____ Mother's Occ.: House wife / _____

Family History: _____

Major Illness: _____

Addiction: Tobacco: Yes / No Smoking / _____ Alcohol: Y / N Other: _____

Chief Complaints: _____

Worm Infestation: _____

Gynaec History:

Menarche-

Pain / No Pain

Period -

Quantity- N / ↑ / ↓

I. On/ Examination

Height: _____' _____" Weight: _____kg B.C.G. Scar: Y / N

T: _____ P: _____ R: _____ BP: _____ mm of Hg.

Anaemia: Absent/Mild/Moderate/Severe

Vit. A Deficiency (Bitot's Spot) Yes / No

Dental Examination

Extra Oral:

Intra Oral

Y / N

Y / N

1 Tooth Cavity

5 Stains

2 Gum Inflammation

6 Bad Breath

3 Tartar

7 Gum Bleeding

4 Plaque

8 Soft Tissue

Ear / Nose Discharge

Lymph Node (In cervical region): Non-specific / Matted

Nails: (Pared / Not pared Clean / Dirty)

Skin: (Rashes / Boils / Ringworm)

Scalp-Hair: (Dandruff/Hair lice/boils)

II. Systemic Examination:

P/Abd.

C.V.S

R.S.

C.N.S

III. Vision Test: D/V : R _____ L _____ N/V: R _____ L _____ C/V: R _____ L _____

IV. Ear : Hearing: R: Normal / Abnormal L: Normal / Abnormal

[illegible]

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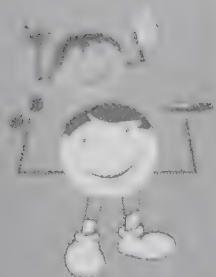
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Standard Charts:
Height for age [boys]

Age	Boys percentiles (Ht. in cms.)		
	5	50	95
1 Year +	66.7	73.5	82.3
2 Years +	73.3	81.8	90.4
3 Years +	79.1	86.6	98.8
4 Years +	85.5	95.9	106.4
5 Years +	92.0	102.2	112.9
6 Years +	98.2	108.4	120.5
7 Years +	103.8	114.0	125.3
8 Years +	108.8	119.8	133.0
9 Years +	113.0	123.8	136.0
10 Years +	117.5	128.9	141.0
11 Years +	121.9	133.3	147.4
12 Years +	126.2	138.1	153.5
13 Years +	130.9	144.0	160.3
14 Years +	134.6	150.3	165.5



Standard Charts:

Height for age [girls]

Age	Girls percentiles (Ht. in cms.)		
	5	50	95
1 Year +	64.5	72.4	80.9
2 Years +	71.2	79.9	89.4
3 Years +	76.5	87.1	97.4
4 Years +	84.2	94.5	104.9
5 Years +	91.0	101.3	112.8
6 Years +	97.3	107.3	118.9
7 Years +	102.2	113.0	124.6
8 Years +	107.5	117.9	130.4
9 Years +	111.4	122.5	134.8
10 Years +	117.0	128.1	140.9
11 Years +	120.9	133.4	147.5
12 Years +	123.4	138.3	152.6
13 Years +	130.8	144.5	155.4
14 Years +	136.3	148.1	158.1



Standard Charts:
Weight for age [boys]

Age	Boys percentiles (Wt. in Kg.)		
	5	50	95
1 Year +	6.2	8.3	11.0
2 Years +	7.2	10.0	12.9
3 Years +	9.0	11.8	15.3
4 Years +	10.6	13.4	17.0
5 Years +	11.8	15.2	20.5
6 Years +	12.7	16.7	22.4
7 Years +	14.1	18.4	24.4
8 Years +	15.4	19.6	25.2
9 Years +	16.8	21.2	27.9
10 Years +	17.2	22.9	30.1
11 Years +	19.6	20.4	34.3
12 Years +	21.3	27.0	25.4
13 Years +	23.2	31.3	44.0
14 Years +	24.7	35.2	48.5



Standard Charts:

Weight for age [girls]

Age	Girls percentiles (Wt. in Kg.)		
	5	50	95
1 Year +	5.6	7.7	11.6
2 Years +	7.0	9.4	12.7
3 Years +	8.6	11.2	14.2
4 Years +	10.0	12.8	16.2
5 Years +	11.4	14.3	15.5
6 Years +	12.0	15.8	20.5
7 Years +	12.9	17.3	22.4
8 Years +	15.0	19.2	25.0
9 Years +	16.5	21.0	25.7
10 Years +	17.9	23.2	31.1
11 Years +	19.3	25.7	36.3
12 Years +	38.6	25.5	38.3
13 Years +	23.2	33.0	44.3
14 Years +	26.3	37.0	47.8



Standard Charts:

Weight for height [adult men]

आओ जानें क्या है सामान्य वज़न			
पुरुष			
लम्बाई	छोटा काठी (Small Frame)	मध्यम काठी (Medium Frame)	बड़ी काठी (Big Frame)
वज़न किलोग्राम में			
5' 2"	58-61	60-64	63-68
5' 3"	59-62	60-65	64-70
5' 4"	60-63	61-66	65-71
5' 5"	61-64	62-67	65-73
5' 6"	62-65	63-69	66-75
5' 7"	63-66	65-70	68-76
5' 8"	64-67	66-71	69-78
5' 9"	66-69	67-73	70-80
5' 10"	65-70	69-74	72-82
5' 11"	66-71	70-75	73-84
6'	68-73	71-77	75-85
6' 1"	69-75	73-79	76-87

Standard Charts: Weight for height [adult men]



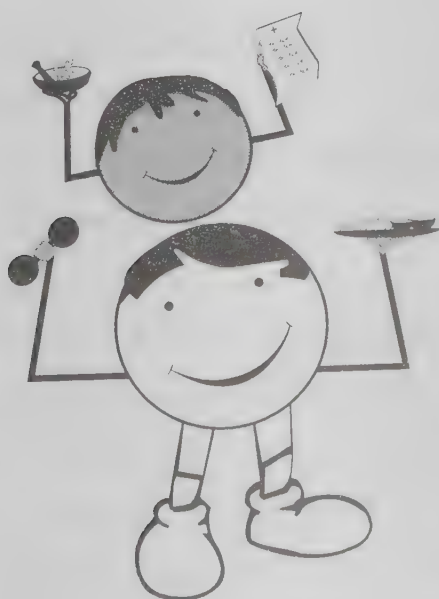
Standard Charts:

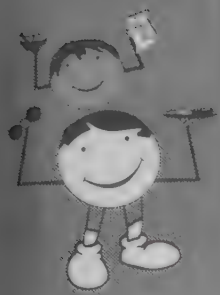
Weight for height [adult women]

Standard Charts: Weight for height [adult women]

आओ जानें क्या है सामान्य वज़न			
स्त्री			
लम्बाई	छोटा काठी (Small Frame)	मध्यम काठी (Medium Frame)	बड़ी काठी (Big Frame)
वज़न किलोग्राम में			
4' 10"	46-50	50-55	54-60
4' 11"	47-51	50-56	55-61
5'	47-52	51-57	55-62
5' 1"	48-54	52-59	57-64
5' 2"	49-55	54-60	58-65
5' 3"	50-56	55-61	60-67
5' 4"	52-58	56-63	61-69
5' 5"	53-59	58-64	62-70
5' 6"	55-60	59-65	64-72
5' 7"	56-62	60-67	65-74
5' 8"	57-63	62-68	66-76
5' 9"	59-65	63-70	68-77

Organizing Health Screening & Treatment Camps





The health screening and treatment camps mentioned above can be better organized if attention is paid to the following 4 key components of any such effort:

1. Composition of the intervention team:

- * What is the composition of the health-screening team?
- * What type of persons will be best suited for the health-screening team?
- * What is expected of each one of them?
- * Accordingly to train and equip each one of them

The health-screening team should be composed of at least 6 persons, out of whom one should be a site-manager who should have less screening work, so as to be able to keep the whole effort organized and functional. All the members should be diligent and honest. They should be trained step by step and should be aware of the rationale and far-reaching consequences of their work.

2. Enabling team architecture:

- * What kind of experts need to be called in or consulted?
- * What are the roles they are expected to play?
- * How to source / manage the expert's network?
- * How do we co-ordinate?

General Physician, Dentist, Lady Doctor and Ophthalmologist are the experts to be looked for. General Physician lends the whole program increased credibility, authenticity and seriousness. Dentist is primarily required to provide scaling especially in low-income group schools. Ophthalmologist or ophthalmic assistant or optometrist role is primarily to provide corrective vision prescription. Lady doctor is especially useful while dealing with adolescent girls to provide vital information and access to girls especially in matters of menstrual hygiene and related areas. However, the entire effort can be readily handled by non-medicos with proper training and certification.



3. Engagement architecture:

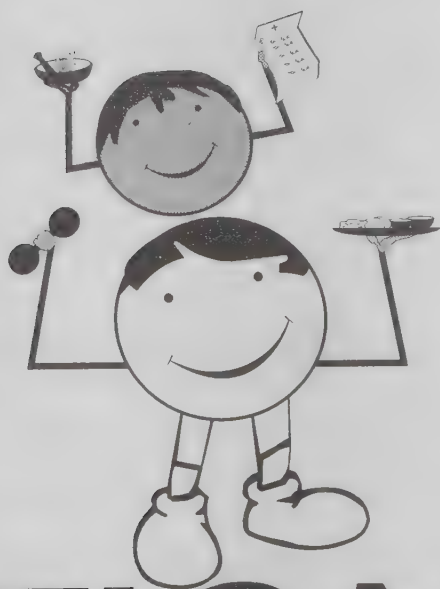
- * What is the intervention time-period?
- * What are the resource requirements?
- * What is the size of the beneficiary community?
- * How do we schedule the intervention to ensure maintenance of energy and focus?

Care should be taken to involve the school students, teachers and management and it should be primarily their responsibility to conduct these check-ups with the health screening team as experts in the field to assist them in their work. At the most 80 to 100 persons can be screened in a day if loss of focus is to be avoided. The same school can be visited again after a few days interval. The activity should begin sometime after the scheduled arrival of students in the school and conclude at least half an hour before their scheduled departure.

4. Benefit Realization:

- * What are the goals of the health check-up and health screening?
- * What are the critical elements of this intervention which cannot be compromised?
- * What are the elements we can negotiate (to accommodate environmental consideration) and how much?
- * What are the metrics to determine whether the beneficiary community has benefitted?

As mentioned before in resource limited setting screening of weight, vision, hearing, anaemia, oral hygiene, menstrual history in adolescent girls and height are of paramount importance as compared to clinical examination by a doctor. Correction of problems in the above field will increase the sense of well-being and comfort in students and staff and improve their academic performance. An initial screening in the above mentioned areas with correction of problems of vision, provision of scaling, micronutrient supplements de-worming and health education are of prime importance.



SECTION - III

GETTING WELL

GETTING WELL

ACNE

Acne is a common skin problem of the face, neck, upper back, and chest, which affects over 80% of people during the teenage and young adult years.

Factors associated with acne include:

- 1- An increase in the size of the oil gland,
- 2- Plugging of the hair follicles and pores,
- 3- Inflammation of the oil gland, and
- 4- Normal skin bacteria.



There is some debate as to whether some foods aggravate acne for some people. If you are aware that eating a particular food item aggravates your acne, omit this food for a three week trial period. If your acne improves, continue to avoid this food. Some women find their acne gets worse during the days surrounding a *menstrual period*. Also, *emotional tension* seems to play a part in aggravating acne: the more generally uptight you get, the worse your acne may become. Experiencing various emotional states seems to affect blood flow to the skin.



Acne will clear up more quickly if you keep your skin clean. Washing four times daily with good quality ordinary soap is helpful, but it doesn't help much to wash more often than that.



Do not often observe your face in the mirror.



Avoid picking on the acne.



Several over the-counter acne products are helpful, and Seek medical help.



There are prescription drugs available that can be used in treating acne.



Acquired Immune Deficiency Syndrome) is a full-fledged final manifestation of a disease caused by HIV (Human Immunodeficiency Virus) infection. Here we summarize 5 points regarding this illness which all of us should know. The rest are secondary details for us common persons which may be very vital to scientist, doctors and others but these five facts must be known to each and every one of us. Persons feel AIDS is a dangerous. This is a great fallacy. The stigma and fear associated with AIDS are very dangerous. AIDS is like any other infectious disease but better and chronic diseases.

1. AIDS occurs as a result of HIV infection which is transmitted **only** from an infected person. Two non-infected persons will not be able to give each other AIDS under any circumstances.
2. The diagnosis of HIV infection is done by 3 tests. The first ELISA test is a screening test, which if it is positive does not mean that the person is infected but the second ELISA test has to be repeated. If positive, it still does not mean that the person is infected. If both ELISA tests are positive, a third test called Western Blot, which is expensive and time consuming has to be performed. If it is positive, then only can we say that the person concerned has HIV infection. ELISA test may be negative for 2 to 4 weeks after exposure so in case the test is negative it needs to be repeated after 4 weeks.
3. From HIV infection to development of AIDS there is a variable period of 3 to 12 years. This period can be made into 10 to 15 years time by HIV infected person adhering to a life of balanced diet with fruits and green leafy vegetables, sports and treatment of all illnesses.
4. AIDS can be prevented by abstaining from sexual activity with an infected person or taking recourse to condom and safe sex practices; using only pre-tested blood from an authentic non-commercial bank; avoiding unnecessary injections and using disposable syringes or autoclaved or boiled syringes when it is necessary to be injected. In India



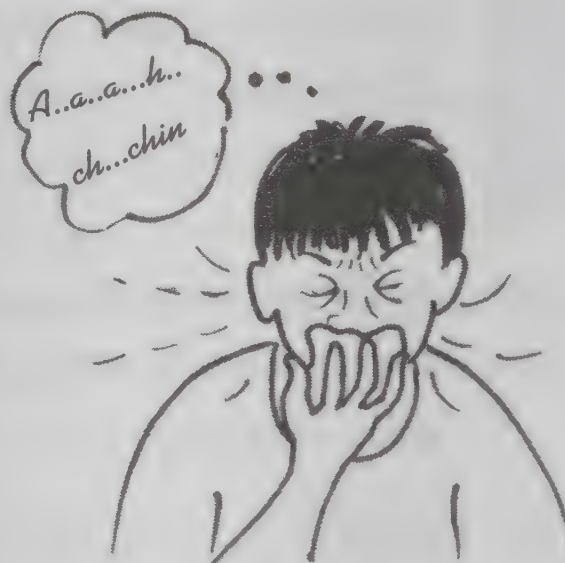
baby of HIV infected mother should receive breast feeding from the mother. HIV infection is not transmitted by hugging, serving, eating, staying in the same room or wearing clothes of HIV infected person because for infection to occur there should be intermingling of blood or body-fluids of infected person with a non-infected person.

5. Though till date AIDS can not be cured it can be controlled so that the patient lives a fruitful life and finally dies of old age or other diseases. Treatment of AIDS is available free of cost at Benares Hindu University Hospital.

► **ALLERGY**

Some foreign materials cause a defensive chemical reaction (allergic reaction) when they get into the body. Subsequent exposure to the same foreign material may then cause your body to develop an allergy to that material.

Allergies come in many varieties: allergies of the skin (e.g. eczema), nose (e.g. hay fever), lung (e. g. asthma), digestive tract (e. g. vomiting, diarrhea), and so forth. Most often, the culprit (allergen) can be identified through skin testing. Your physician can then prescribe medicine which will help desensitize your body to the allergen and help protect it against allergic reactions.



If your allergy is a seasonal one and affects you only once or twice a year, then a short course of treatment at that time may be the most logical approach.



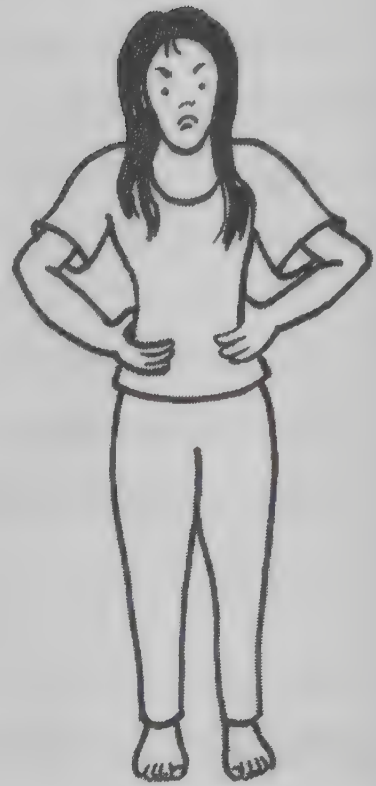
Anti-histaminic like chlorphenaramine maleate is useful if taken for 7 to 21 days.








ANOREXIA NERVOSA Thin is in, but

too thin may be a bigger problem than you think. Anorexia nervosa is a condition that typically begins in early adolescence and may continue through adult life if untreated.

Most anorexics are woman. You can recognize anorexia by an abnormally low body weight (usually 20% below Ideal weight.) a predisposition to hyperactivity or over exercise, and an irrational feeling of being fat. Most anorexics seem to lack perspective on their appearance: "I look fat to me" They may also be perfectionistic, spending most of their time studying or in self-improvement projects, leaving them with less and less time for friends, leisure and relaxation.



-  ***Anorexics may have problems with hair loss and skin and nail changes along with a fine downy growth of body hair on the face, arms and legs.***
-  ***Amenorrhea (cessation of menstrual period) is often a problem.***
-  ***Anorexia can be a terminal illness.***
-  ***Body chemistry changes can lead to serious organ damage and heart attacks.***
-  ***If you are having some of these symptoms or have a friend who is caught up in a pattern of self-starvation, consult a doctor for an evaluation.***

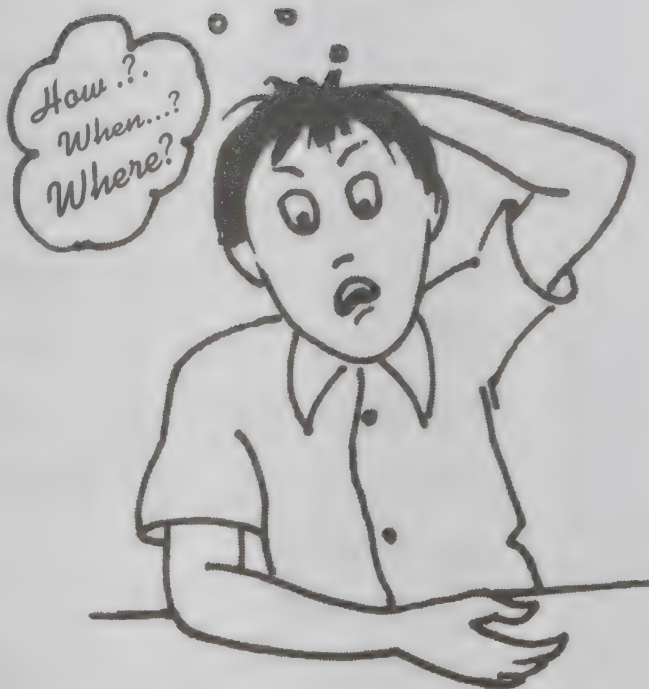








Anxiety

Anxiety is something each of us feels at some time in our lives. Some feel it most of the time.

Physically, anxiety often produces a more rapid heart beat, faster breathing, and sweaty palms.

Psychologically, anxiety is most closely related to fear. Dear old S. Freud said that a feeling of fear produced by a real danger is fear; a feeling of fear when there is no real danger is anxiety. Another way to view anxiety is in terms of your life experience. If you are "living in the future," worrying about something in the future, you will experience anxiety. If you are worrying about what you will do next year, next week, tomorrow, or ten minutes from now you will feel anxious. In this case, the solution is simple:



-  ***To feel less anxious, do less "living in the future." Instead, try "living in the present."***
-  ***Focus your thoughts and attention on what is going on now, how you feel now, what you think now.***
-  ***You will feel calmer, and get more out of whatever you're doing at the moment.***
-  ***Games and exercise are also very useful in dealing with anxiety.***
-  ***See a doctor if anxiety is a common problem for you.***
-  ***By the way, the feeling caused by "living in the past" is guilt. Think about it next time you're feeling guilty.***



ASTHMA

The cause of asthma is unknown, but the problems are well known: wheezing, coughing, trouble breathing (especially while breathing out), a tight feeling in the chest, and attacks which often come on suddenly.



Asthma generally begins with some stressful stimulus (infection, allergy, physical or emotional upset, for instance) which causes a defensive reaction in which the air passages tighten (spasm), the mucous membrane lining the passages swells, and mucous plugs develop in the passages. Sometimes the process can be reversed by relaxing and drinking lots of fluids.



If you are with a friend who has an asthmatic attack, have the person sit down in a chair and lean forward on a table, and have them force “fluids” (drink lots of water, broth, juices). This will make breathing easier, and promote coughing up the mucous.



Asthma is a chronic disease. We are unable to cure it, but with new medicines that are on the market, especially inhalers we can prevent most asthmatic attacks and keep the condition under control.



There are many varieties of asthma, and many degrees of severity. Meet your doctor who can help you in establishing a regimen to fit your own particular needs.



BRUISES

friend who has an asthmatic attack, have the person sit down in a chair and lean forward on a table, and have them force "fluids" (drink lots of water, broth, juices). This will make breathing easier, and promote coughing up the mucous.



A bruise is bleeding under the skin following an injury, such as a hard blow. Initially using an ice bag for pain and elevating the area will limit the bleeding. The area may appear red at first, turning to blue and finally to green and yellow as the blood is absorbed by the body.



Bruises look ugly, especially as they change colors over the course of several days, but they rarely require any treatment.



BULIMIA

Bulimia or binge-purge syndrome is becoming epidemic among a section of late teens. Some symptoms of this eating problem are:

- 1- A preoccupation with body weight and size;
- 2- daily, weekly or intermittent binge eating usually in response to feelings of anxiety, pressure, depression, frustration and sometimes fatigue,





- 3- A daily exercise routine that lasts for several hours; abuse of diuretics and laxatives as a form of weight control.
- 4- Feelings of guilt and depression following episodes of secret binge eating and vomiting.

A bingeing episode may include eating ice cream by the brick and biscuits by the dozen, or travelling from one convenience store or fast food restaurant to another until eating becomes painful. Often purging may seem like the only way to undo the binge and avoid weight gain. For others, the binges are not so dramatic. A visit to the vendors may become a daily ritual that feels uncomfortable and out of control.

Most students in their late teens feel self-conscious about their bodies and experiment with losing weight, getting in shape, or body building. If your efforts go beyond fitness, however, consider your motives. Will losing 5 kilograms make you a better student or a more popular person? Will your family or friends love you more if you weigh less? Now is the time to take stock. Seek treatment from a specialist if you are suffering from one of these problems.

► **BURNS** First degree burns (this includes sunburn) are characterized by reddened, painful skin. Immediately rinse the affected area with cold water to minimize the burning and relieve the pain. Cold creams and commercial burn creams may offer some relief.





Second-degree burns are more serious than first-degree burns and are marked by the formation of blisters. After rinsing with cold water, the blisters should be covered with a sterile bandage to protect them from breaking thus increasing the chance of infection. If the burn covers a large area (such as a severe sunburn) see your doctor.

Put ice on any minor (first or second degree) burn and keep it there until the burning sensation is gone. This will halt a chemical reaction in the skin cells, a reaction which normally travels to nearby cells and makes the burn spread. Ice the burn as soon as possible, even if it takes you several minutes to get ice.

Third degree burns are the most severe - the skin may be burned away and some flesh charred. Do not try to treat the burn! Treat for shock (see shock) and get the person to a doctor immediately.

Most chemical burns (whether acid or base) should be treated by rinsing the affected area with large amounts of water for 10-15 minutes. Ice the burn, and seek medical attention immediately.

Immediate washing of chemical burns of the eyes is extremely important. Get the person's head under a faucet, hold the eyes open, and let large amounts of water wash over the eyes for 10-15 minutes. Then seek medical attention quickly.



Immediately wash the affected part with cold water and ice the burn.



Do not puncture the blisters.










COMMON COLD

A cold is an infection of the upper respiratory tract which may include the nose and sinuses, larynx, throat, trachea, and eustachian tube. A cold is caused by one of over 200 viruses, and can last from four to twenty days. Symptoms of a cold include a scratchy throat with mild redness, nasal stuffiness and discharge, coughing, sneezing, watery eyes, fever, muscle aches and stuffy ears. To treat the symptoms of a cold



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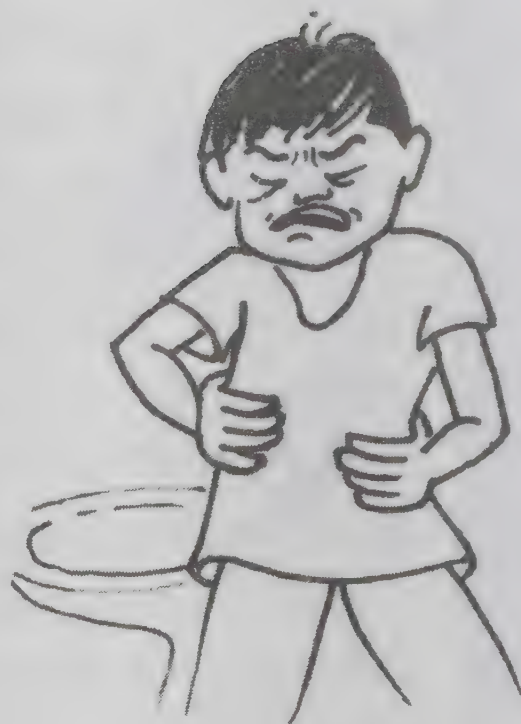
-  ***Get at least 8 hours of sleep at night,***
-  ***Drink lots of fluids,***
-  ***Eat nourishing foods,***
-  ***Take paracetamol for the aches,***
-  ***Gargle and***
-  ***Refrain from smoking, because smoking will further irritate the mucous membranes in your nose and throat.***
-  ***If symptoms persist or get worse, see a physician.***



CONSTIPATION

There is no proper schedule for bowel movements; everyone operates according to his or her own personal schedule. When that personal schedule is delayed, or when you are unable to have a bowel movement, you are constipated. The most frequent causes of constipation are:-

- * ***Diet,***
- * ***Inadequate fluid intake,***
- * ***Lack of exercise and***
- * ***Ignoring nature's call because you are "too busy."***



If you get constipated :-



Double or triple your normal fluid intake by drinking 4-6 extra glasses of water per day.



Try to maintain adequate fiber in your diet, raw vegetables, salads,



Bran(whole wheat roti), bengal gram.



Exercise



Raw fruit, prunes, and cantaloupe act as natural laxatives.



If all the above fails see your doctor.

Medicinal laxatives are also available, but if you've just missed one or two bowel movements the natural approach is better. It's not serious to miss a bowel movement, in fact its normal once in a while. Never take a medicinal laxative when you have abdominal pain, cramps, nausea or vomiting because these may be caused by such problems as appendicitis and the chemical for treating constipation could cause your appendix to rupture.



CRABS

Crabs are lice (singular is louse) which infest the hair, pubic hair and cause itching. Sometimes they will also infest eyebrows and beard; Crabs are acquired through direct contact or direct sexual contact with someone who has them, or from infested bedding or clothing of toilet seats. 0.5 to Malathion lotion used twice, is an effective treatment, Remember also to launder all clothing and bedding so you don't get reinfected. Clean the toilet seat, too if you are using western commode type toilet.



► CUTS, SCRAPES & PUNCTURES

To control bleeding : -

- * Put a clean dressing on the cut
- * apply direct pressure to the wound.
- * Elevate the wound area (raise it higher than your heart) and
- * applying cold compresses also helps
- * Do not suck or blow on any open wound because this contaminates it with bacteria.





To clean a small wound,

- * Wash it well with soap and water
- * Cover it well with a dry, sterile dressing like a band-aid or gauze. Use the non-stick variety of band-aid on scrapes.
- * Change the dressing when you bathe or if it gets dirty or wet. A moist dressing is a Haven for bacteria.



Puncture wounds caused by sharp objects like nails, knives, and pins or needles; often do not bleed and the point of entry closes quickly. This is bad. Be sure to clean puncture wounds thoroughly.



With all wounds, check with the doctor or health-care professional if you haven't had a tetanus booster in the past five years.



If the wound becomes red and swollen around the edges, feels warm, and begins to throb, it is infected.



Apply hot compresses or soaking warm water for 20 minutes every three hours until you can get to the doctor.



The heat promotes circulation and will help control the infection.



DENTAL EMERGENCY

Even the healthiest teeth and gums are subject to an occasional dental emergency. While rarely life threatening, such a crisis can be painful enough to warrant a quick trip to the dentist. Here are a few self-care tips that can help you get by until you get into the dentist's office.



Most common and bothersome is the toothache, usually caused by a decaying tooth. To relieve the pain, you may want to take a couple of ibuprofen or aspirin tablets. Rinse your mouth vigorously with warm water and floss gently around the tooth to clean away any debris trapped around it. Saturate a small piece of cotton with oil of clove and place it into the cavity or onto the aching tooth. Oil of clove is a good temporary anesthetic. Try to avoid getting the oil in contact with the gums.

If gum swelling accompanies a toothache, call a dentist immediately. The swelling probably means you have an infection. Get it treated as soon as possible.

If filling or crown falls out, keep the area clean and rinse with warm salt water. If you wish to put a crown back temporarily for appearance purposes, put it in with some denture adhesive, not wax or SuperGlue.

If you break a tooth, do not try to clean the area. If the area begins to swell, place a cold compress (ice cubes wrapped in a washcloth)



on your face next to the damaged tooth for 30 minutes on/30 minutes off cycle until you get to the dentist's office. Finally, if a tooth is knocked completely out-ACT FAST. Don't try to clean the tooth, just drop it into a glass of milk or into a clean damp cloth and rush to the nearest dentist. If the tooth is replanted within 30 minutes there's a 90% chance of success. If it's been two hours or more the success rate drops down to 10%.



In case of dental pain avoid hot food and drink; take cold things like ice cream.



DEPRESSION

Feeling down, blue, blah, and not feeling very good about yourself are often used interchangeably with the word depression. These are feelings we all experience at different times in our lives. Depressions can range from simple feelings of sadness to a sense of hopelessness in which suicide may seem to be the only way out. Depressions may last only a few hours, or may go on for months.

Depression is often viewed as a reaction to loss of something valued. The loss may be tangible (loss of a friend who moved away, for instance) or intangible (such as a loss of self esteem if one is publicly embarrassed). It does not matter if the loss was





publicly embarrassed). It does not matter if the loss was major or minor in someone else's eyes; what matters is that it is a loss of something that was important to you. There often follow sad feelings of missing whatever it is that was lost, and angry feelings at having lost something of value. You may feel a loss of energy and develop a "what's the use anyway" attitude. This leads to cutting out more activities, and pulling away from friends. The final result is that the feelings of depression and the decrease in activities produce an increasing downward spiral.

One choice in handling depression is to keep going down until you hit bottom. Life does have ups and downs, and after you hit bottom you may bounce back up again.

A more active approach to dealing with depression is to step in at some point and **do something**. Often a good place to start is to do something you used to value.

Time and activity take care of most depressions. There is no magic in handling depression - it takes a willingness to try something new, actually going ahead and doing it, and time to implement changes.

Consultations with a doctor who can help you evaluate the extent of your depression and make some recommendations on where to intervene. Sometimes the fresh perspective a counselor can provide is helpful in getting started.

Severe depression can be treated very well with medicines and there are very good and safe medicines available.

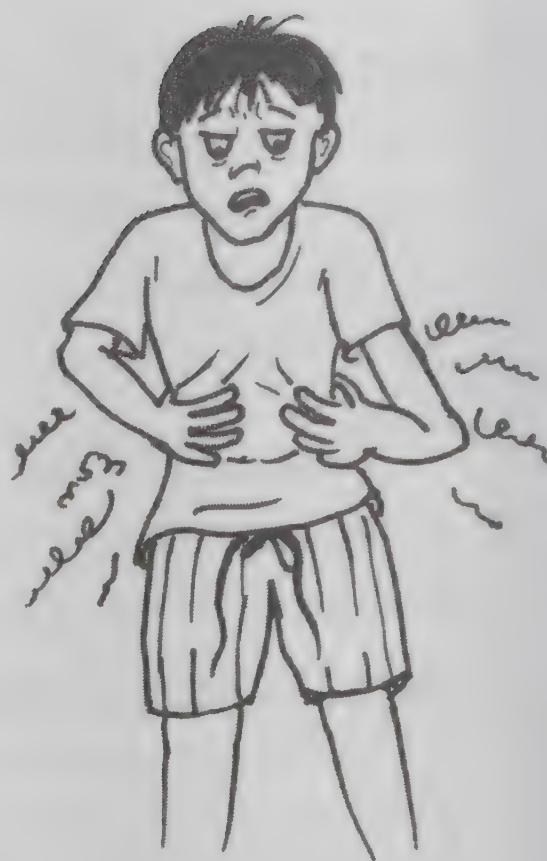


It is most important that you reach out to some person whom you trust or seek medical help for depression.



DIARRHEA

Diarrhea is a symptom of a sick bowel which is trying to rid itself of a foreign agent. Diarrhea can be caused by a bacteria, virus, parasite, or by a dietary change. The treatment is to replace the fluid lost. The bowel's function is digestion. But the absorption of water does not involve any digestion, so fluid can be taken as a treatment for a sick bowel.



Since a sick bowel will usually get well in 24-36 hours, *drink only clear liquids like water for the first 24 hours and oral rehydration solution (ORS).*

Hot compresses on abdomen will help stop stomach cramps.

After the first 24 hours, a bland diet of tea, toast and jelly and biscuits will generally bring about proper bowel function.

Diarrhea, especially in conjunction with vomiting, can cause large and rapid fluid loss.

If both these symptoms are present for any length of time, and do not get controlled with ORS see a doctor.

Most of the diarrheas do not require medicines other than ORS.



ORS is the treatment for diarrhea.

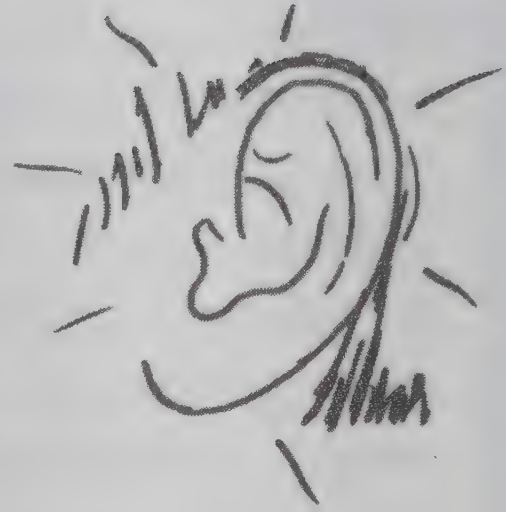


Other medicines harm you and do not help you get better.



EARACHE

Earaches generally fall into one of two classifications: those in the external ear canal (outside the ear drum) and those from the middle ear (behind the ear drum).



Earaches of the outer ear are usually caused by an infection of the skin lining the outer ear canal. The problem might be a simple skin irritation, or a more complicated small abscess. The most common symptoms are itching and pain, and the pain gets worse when you move or touch your ear.

Middle ear infections often follow upper respiratory infection (URI) like colds and flu. The URI closes off the canal which connects the ear to the sinuses and infection results. The infection usually causes a sensation of fullness in the ear, along with pain and hearing loss.



Oral antihistamines, paracetamol and antibiotics are required for treatment.

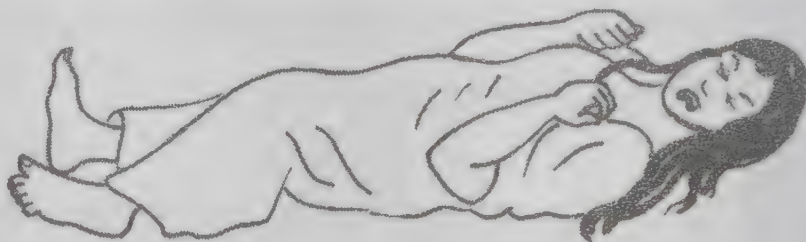
► **EPILEPSY**

Epilepsy is not a single disease but rather a symptom. Epilepsy refers to brief and periodic episodes characterized by one or more of the following symptoms; a change in the normal state of consciousness; behavioral alterations; and, a loss of muscle tone. These episodes are associated with a sudden and excessive firing of the neurons in the brain.

Grand mal seizures are the most common type of seizures. A person experiencing a grand mal seizure will become stiff and rigid, may



utter a cry, will lose consciousness and fall to the ground. They will stay rigid for a period of time and then start to shake and jerk. Breathing will be rapid and could produce foaming at the mouth. The entire episode may last several minutes at the end of which time the individual may fall asleep or be awake and appear dazed.



When a seizure begins, your primary concern should be to protect the person from injury.



Ease the person to the ground and cushion the head to prevent it from banging on the floor during the seizure.



After the seizure when the individual stops shaking, roll him onto his side. This helps keep the person from inhaling anything from the mouth into the lungs.



When the person regains consciousness, he might be confused and disoriented.



Do not restrain the person any more than is necessary, and take the person to the doctor for evaluation and treatment.



FAINTING

Fainting is a sudden loss of consciousness which may be brought about by a variety of things: standing still for a long period of time, shock, hunger, the sight of blood etc. The actual cause of fainting is a sudden drop in the amount of










oxygen getting to your brain due to a temporary drop in blood supply to the brain.

Usually, someone who has fainted will recover consciousness within a minute or two. If recovery is not so rapid, something more serious may be the real problem.

To prevent fainting, a person who feels weak and dizzy should sit down and put head between knees or lie down on their back and elevate feet by putting a pillow or couch cushion under them.

If fainting has occurred,

-  **Keep the person lying down.**
-  **Loosen any tight clothing.**
-  **Do not pour water over the person's face; instead bathe the face gently with cool water.**
-  **Have someone stay with the person who fainted while you call.**
-  **Do not move the person if they are injured. Let trained persons do that safely.**

A person who faints should be evaluated by a doctor. So transport them by car or ambulance to reach the doctor and while asking for the vehicle carefully explain your location and your situation.

► **FLU, INFLUENZA** Influenza is a highly contagious illness, and is also another word for "feeling lousy." The flu comes on very suddenly. The most outstanding early symptoms are severe body aches and a feeling of exhaustion, usually out of



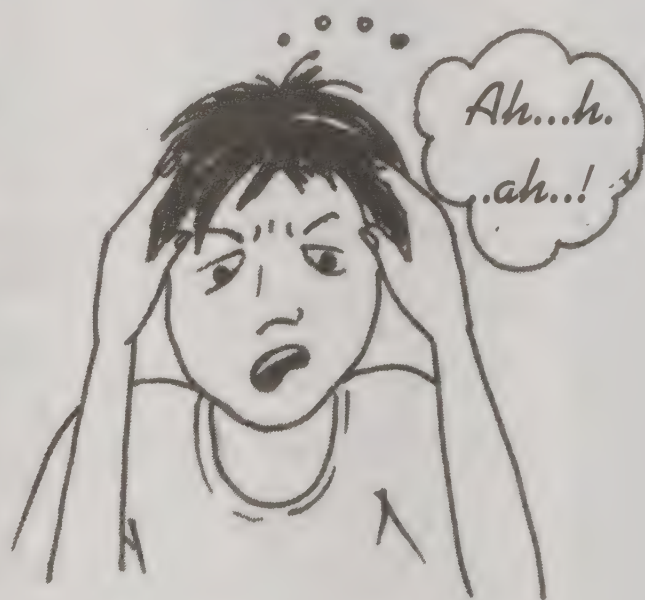


proportion to the slight fever and chills that you will also experience. Later on, you may develop a sore throat and a cough (but nothing comes up). What can you do? Rest in bed, drink lots of water and other non-alcoholic fluids, and take paracetamol for the fever and aches. This will relieve your symptoms somewhat, but only time (about 4-7 days) will cure you of this virus infection.

► **HEADACHE**

There are three common kinds of headaches: tension, migraine, and headache following head injury. Tension headaches are the most common. They are caused by tension in the muscles of the scalp and neck which is brought on by emotional stress, such as exams or hassles with other people.

Sometimes aspirin helps. Exercise and muscle relaxation techniques also help (see Relaxation). The only long lasting cure for tension headaches is to change the stressful situation so you are once again on top of it. If you are unsure what the conflict might be, consult the doctor or counselor.



Migraine headaches are caused by a dilation (stretching and widening) of arteries of the brain. The dilation of the arteries increases the amount of blood in the brain, which causes the headaches. More than half of all migraine sufferers report that other members of their families have migraine, so heredity seems to "predispose" you (make you vulnerable) to a migraine. However, most migraine headaches are actually "precipitated (started) by emotional stress. The same relaxation exercises that work for tension headaches may work for migraine. If



nothing else, just relaxing in a darkened, quiet room will help some. There are medications that will help for migraine, and biofeedback is helpful for many migraine sufferers.



If you have a headache following a head injuries (within 24-48 hours) see a doctor immediately.



HEAT CRAMPS

Heat cramps usually result from strenuous physical exertion in hot weather. The heat and exertion cause you to lose water and salt through perspiration, and this is what causes the severe cramping pain in the stomach and other



muscles of your body. The cramps hit suddenly, and someone who has heat cramps may double up on the ground, groaning in pain. The cramps will occur in spasms, with short periods of comfort in between.



The best treatment is small sips of water (large gulps of water may cause nausea and vomiting).



The best prevention: drink plenty of water, work slowly, and take plenty of breaks.



HEAT EXHAUSTION / SUNSTROKE

Heat exhaustion is caused by a salt imbalance and dehydration. The skin is cold and clammy, and the person may complain of nausea and headache. Move the person into cooler surroundings and make sure that the head and shoulders are lower than the rest of the body. Sips of water should be given. Get the person to a clinician as soon as possible.

Sunstroke (heatstroke) is more serious than heat exhaustion and is characterized by the high fever, dry and flushed skin, dizziness, rapid pulse, headache, and in severe cases, unconsciousness. Move the person into cooler surroundings, have him lie on his back with head and shoulders slightly raised, and sponge

him with cool water to reduce body temperature. Get medical attention immediately.



Sunstroke and heat exhaustion can be prevented by staying out of the heat as much as possible : -

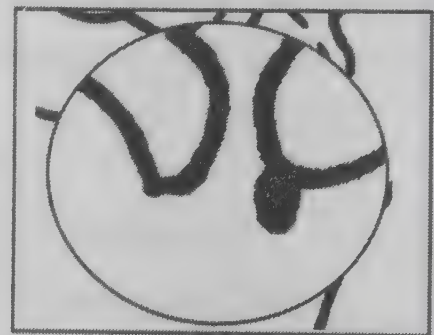
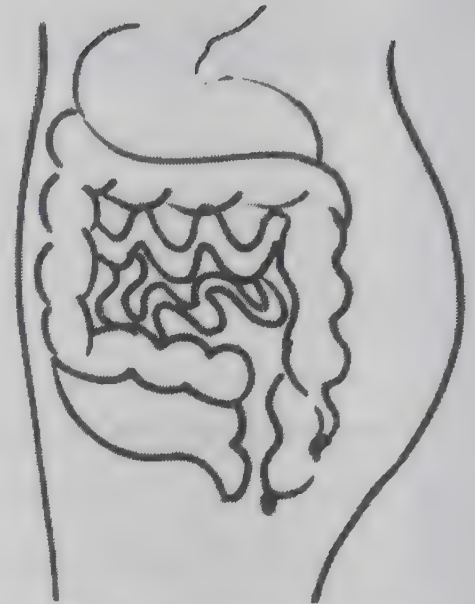
- * Limiting hard physical exertion during the hot periods of the day,***
- * Wearing light, loose clothing,***
- * Drinking plenty of water.***



HEMORRHOIDS (PILES)

Hemorrhoids are varicose veins in the ano-rectal area. Piles are common because these veins are thin-walled and have little external support.

When pressure is increased within the abdomen by straining, coughing, or sneezing, the pressure is transmitted by the blood within the veins and stretches these walls. You often first notice hemorrhoids after a change from your usual bowel habits to diarrhea or constipation.



Hemorrhoids are called "internal" if they occur inside the rectum. Internal hemorrhoids are usually painless but can cause bleeding if the walls are broken by passage of a hard stool or stools containing rough, coarse food residue. Bleeding is often the only symptom but is seldom severe enough to be threatening. The blood will be bright red and will be seen on the stool or toilet paper. Small internal hemorrhoids usually require no treatment, but frequent passage of blood with bowel movements should be reported to your doctor so the cause can be checked. "External" hemorrhoids are also thin-walled, varicose veins, but these occur in the skin surrounding the anal opening. An external hemorrhoid that is clotted is usually first noticed as a firm, tender lump next to or overlapping the anal opening. If it is small and not too painful, an external hemorrhoid may be treated by sitting in a warm tub frequently. Usually the pain will disappear and the lump will begin to diminish in size within three to five days. The reduction in size occurs because of bleeding, so there may be some bleeding in those first three



days. If bleeding continues past 3-5 days, consult your doctor to be certain there is not something more serious the matter. After a hemorrhoid bursts, wash the anal area after each bowel movement.



However, if the external hemorrhoid is larger than a half-inch in diameter and doesn't reduce on its own, it's best to check with the doctor.



HEPATITIS

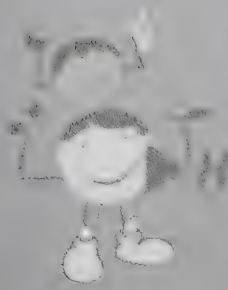
Hepatitis is an inflammation of the liver resulting from an infection or some toxic agent. The major symptom of hepatitis is jaundice, a yellowing of the skin and mucous membrane. Other symptoms include fever, loss of appetite, headache and fatigue. If Jaundice is symptom, it will last about two weeks, and you may also have dark-colored urine and light colored stools.



The liver is an important organ in the body. It is involved with detoxifying waste materials, alcohol and most drugs, and maintaining the consistency of your blood. Hepatitis weakens the liver and reduces its ability to function optimally.



A person with hepatitis should get plenty of rest, with a gradual increase in activity when blood test indicates the liver is healed and tenderness of the liver is gone. A physician will provide more explicit instructions on how to help in treating your hepatitis- so go to the doctor for diagnosis and treatment.



HIVES (Urticaria)

Hives are pale swollen, itchy areas on the skin surrounded by redness. Hives can be caused by: A drug reaction, bites or stings from insects, consumption of certain foods, even emotional stress. Keeping yourself cool with cold baths or showers is the best treatment for hives.

At night, hives cause the most problem because when a person becomes warm the hives start itching again. Another cold shower will treat the itching. Go to the doctor for medication

that may help control hives and the itching they can cause.



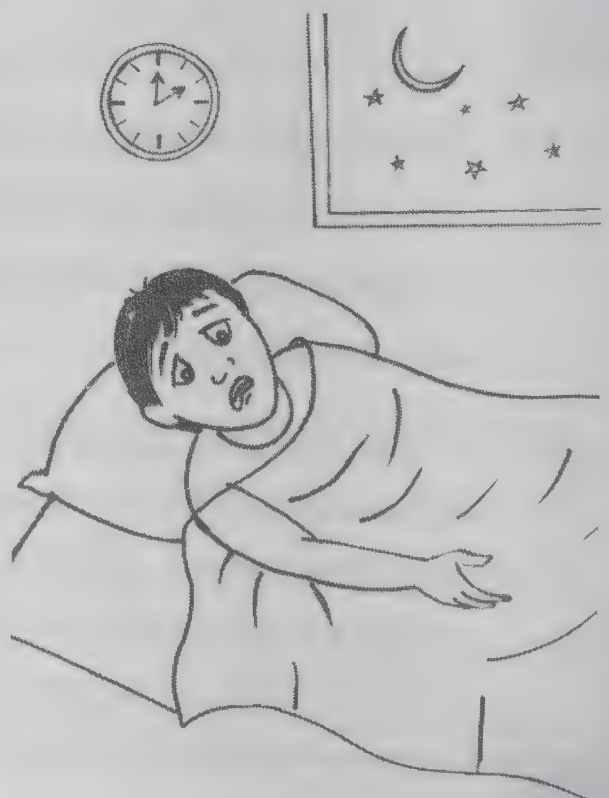
► INSOMNIA

Sleep is often equated with Nirvana; it is sometimes just as difficult to attain.

Insomnia is the most common sleep disorder, and comes in three forms: difficulty in falling asleep, waking up during the night, and early morning awakening with inability to go back to sleep.

What can be done for insomnia? First, don't worry about it. The harder you try to sleep, the less likely you can sleep.







Most insomnia is a result of some temporary emotional tension. If you





can identify the conflict that is causing the tension, do something to resolve that conflict.

Emotional tension and physical tension usually go together, so if you can't identify the source of the emotional tension, go to work on the physical.

-  ***No caffeine (coffee, cola drinks, cocoa, tea, etc.) after 5 P.M.***
-  ***Establish a regular bedtime and a regular wakeup time.***
-  ***Eliminate naps during the day.***
-  ***Start an exercise program.***
-  ***When getting ready for sleep, do whatever helps you to relax physically. A warm bath, meditation, yoga, light reading, all can be helpful.***
-  ***Never lie down in you bed unless you intend to go to sleep (don't study in bed, for instance).***

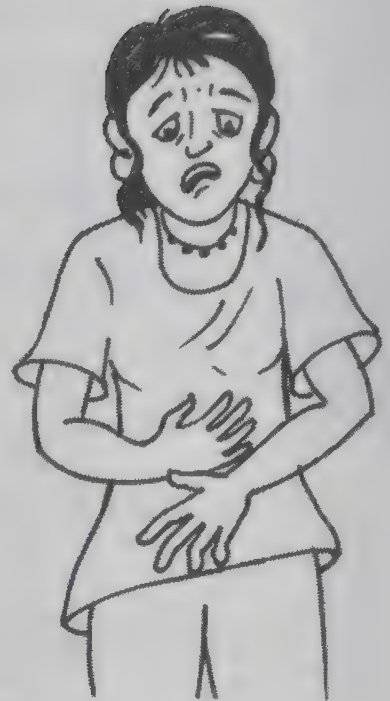
Once in bed, relax let your mind "float." If your mind is "busy" write down whatever you're thinking of. This will help reassure your mind that you will remember it tomorrow. If you can't stop thinking, try directing your thoughts to pleasant fantasy. If that fails, sing to yourself. Sing aloud, but in soft voice.

These natural techniques for overcoming insomnia work for many people. If the techniques fail for you, then go and talk the situation over with a doctor.



MENSTRUAL CRAMPS

Dysmenorrhea (dis-men-o-rea) is the medical term for pain due to severe menstrual cramps. It is often caused by a group of chemicals called prostaglandins that are produced by the lining of the uterus and make the muscle wall of the uterus contract. This produces the type of pain most women with dysmenorrhea have. Many women also complain of nausea, vomiting, diarrhea, feelings of dizziness or faintness and headache.



Relief of menstrual cramps can come from aspirin, mild exercise, over-the-counter painkillers (paracetamol) and heating pads.

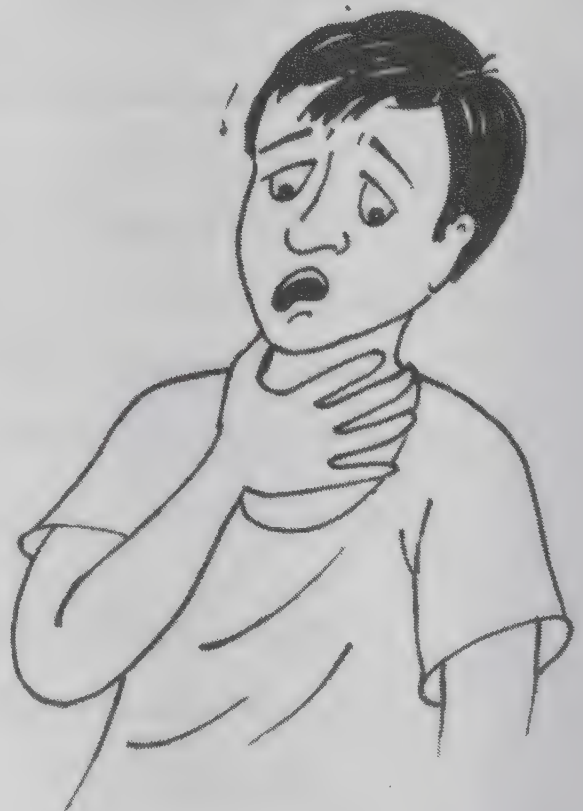


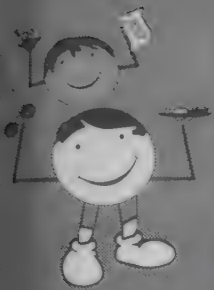
If these simple measures don't work, a prescription medication may need to be obtained from a physician.



MONONUCLEOSIS

Sore throat and swollen glands are the two main symptoms of infectious mononucleosis, or mono. Mono also causes fatigue and headaches (but so do almost all virus infections). In other words, mono is hard to diagnose because the symptoms are so common anyway. If you and your physician suspect mono, the doctor will probably order a blood test. This blood test may be negative at first, because you must have mono for at least seven days before the test will show it.





Mono usually runs its course in 4-6 weeks, though it can last for up to several months. There are rarely any complications with mono and the outlook is good. Seek treatment from a doctor. Rest in bed while the fever is high and/or when tired; eat plenty of good food and fruits; treat the sore throat by gargling with a warm salt water solution (most of the irritation of a sore that is caused by swelling, and the salt water will help reduce the swelling).



Once your temperature is normal and you are rested and back in school, don't engage in contact sports or drink alcohol for a month.



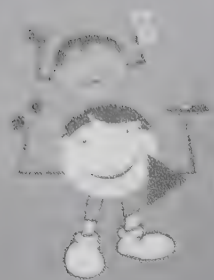
This is because mono infections always affect your liver and spleen, and they will be tender and vulnerable to injury and your liver is unable to detoxify alcohol normally.

► **MUSCLE CRAMPS**

A tight constriction of a muscle that causes pain is considered to be a muscle cramp. There is no swelling, little tenderness, but lots of pain. No one knows for sure why anyone gets muscle cramps, but it is thought to have many causes. Treatment for a muscle cramps involves contracting the opposing muscle group. If a cramp in your

leg causes you toes and foot the point downward, gently step down on your foot, or pull up on the toes. The idea is to apply gentle, steady pressure. In most cases, this method works well. If it does not, rest the muscle and apply warm compresses.





NOSEBLEED

Nosebleed is very common, and often result form a blow to the nose, picking the nose or a foreign body in the nose. Pressure is the key to stopping a nosebleed. Take your thumb and forefinger and grasp the lower third of the nose. Squeeze hard enough but not hard enough to cause pain. Keep pressure on for about 10 minutes without letting go. This will stop nine out of ten nosebleeds. If it does not work, ***add a cold pack on the nose (ice or a cold washcloth) and pinch the nose through the cold pack. If these methods do not work, go see a doctor.***




POISONING

Swallowed Poison: Time is of the essence. Call the ambulance or any vehicle. Transport the person immediately to the nearest hospital. Bring the poison container, with the label intact, if possible.

Overcome by Fumes: Remove the person to fresh air. Loosen clothing. If the person is not breathing, start artificial respiration at once. Call poison, control, and arrange transportation to a hospital.





Eyes: Immediately wash out the eye for five minutes, with eyelids held open. Remove any contaminated clothing. Call for a vehicle and transport the person to a hospital.

Chemical: Chemical burns or surface irritants will cause inflammation of the skin or mucous membranes with blisters or even full-thickness burns of the skin. First dust off any dry materials; if in lab situation ask the proper substance that will neutralize the irritant you have spilled. Note it may not be water that is the best neutralizer.

► **RATTLESNAKE BITE**

Snake bite is better avoided than treated.

When you are out hiking, wear boots and jeans rather than sandals and shorts. Don't put your hands or feet anywhere you can't see. Don't reach under rocks or logs or into rock crevices, as rattlers like to lurk in such places. If you hear a rattler, stop and look about to locate the snake, then move slowly away. Never pick up a dead rattler, because they strike by means of heat sensors around their mouths and have been known to strike by reflex action even though dead. If you are bitten, stop and calm yourself. If you get overexcited your pounding heart will inadvertently be promoting the spread of the venom. Wrap your belt or a shoestring close to the bite, between bite and heart. Tie it tight enough to retard the blood flow





but not so tight as to completely restrict circulation. If you can slide your finger under the tourniquet, the tension is about right. Loosen the tourniquet, but do not remove it, for $1\frac{1}{2}$ minute, every 15 minutes.

Most experts recommend against making incision to suck out the venom, and recommend against using ice or cold packs, because these, "helpful" procedures often produce more complications than the snake bite itself.



Keep quiet and warm. Do not drink any alcohol. Get to a medical facility as soon as possible and bring the snake (preferably dead) with you if you can.

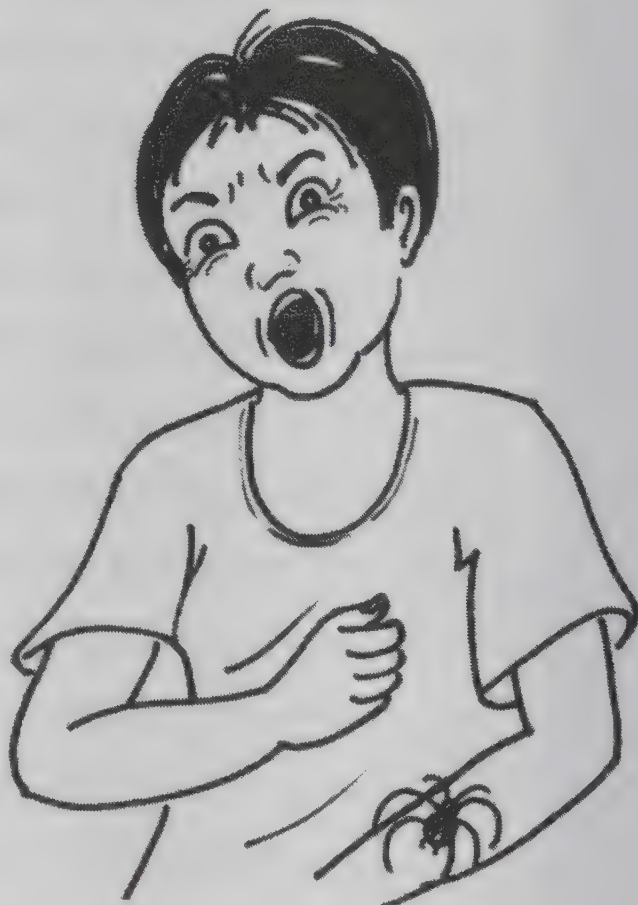


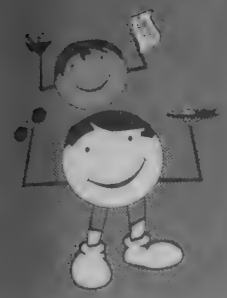
A final word: death by rattlesnake bite is unusual for anyone but the very old and the very young.

► **SPIDERS**

Black Widow Spiders and Brown Recluse Spider:

Black Widows are satin black spiders with a red hourglass on the "stomach." Black Widow bites are rarely dangerous except to little children and old people, but they do cause sharp pain for 3-4 hours. Sometimes the bite will cause stomach muscle rigidity which might be mistaken for appendicitis. ***A cold compress (cold drink can, or ice cubes wrapped in a cloth) on the bite will relieve the pain on the way to the doctor.***





The Brown Recluse spider is a brown spider with a dark, violin shaped or frying-pan shaped marking on its back. The Brown Recluse bite is very painful, and may produce restlessness and fever.



You should see your clinician right away, because the Recluse spider bite requires special treatment.

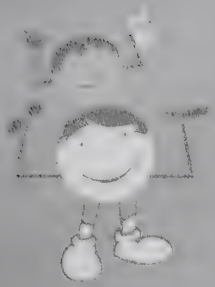
► **SEXUALLY TRANSMITTED DISEASE (STD or VD)**

There are a number of sexually transmitted diseases (STD's

Prevention: STD's are transmitted from person to person through sexual intercourse or by close intimate contact involving the sexual organs, mouth or rectum. ***To provide the most protection during sexual intercourse, a male should wear a prophylactic (rubber, condom etc.) females should urinate both before and after sexual contact; and both sexes should wash their genitals thoroughly before and after intercourse.***



Genital Herpes: Genital herpes is a one of the most common STD's on campus. There are two types of herpes virus that are involved, and they are interchangeable while most cases of genital herpes are



caused by the Type II virus, the Type I virus which ordinarily causes cold sores and fever blisters in the mouth may also be passed to a partner's genitals through oral-genital contact. Herpes can be passed through any combination of oral-genital-rectal sexual activity. From 3-12 days after exposure; painful blisters may appear in the affected area. Associated symptoms of headache, fever, fatigue, painful urination and swollen lymph glands may also occur. Symptoms may last three or four weeks. Since herpes is very contagious, anyone with active herpes should refrain from sexual activity until two to three weeks after the sores have completely disappeared. Unfortunately, herpes may recur even without further exposure. Recurrence may be weeks to year apart. It is possible to have herpes and not know it. Females with cervical herpes and males with herpes in the posterior urethra have no way of knowing they have herpes until they pass it to a partner who develops symptoms.

Women who have had genital herpes should have a Pap test every 6 months since there is some evidence herpes may promote abnormal cell changes. Pregnant women who have had herpes should inform their obstetrician so proper precautions can be taken at birth to prevent infection of the baby.

Chlamydia and NGU: Urethritis is an inflammation of the urethra, the tube that carries urine from the bladder to the outside of the body. It may be due to a number of causes. Urethritis often occurs in a gonorrheal infection, for instance. Non-gonorrheal urethritis, or NGU, is a common urethral inflammation caused by some other organism, often chlamydia. Males may complain of a burning sensation on urination, but they have a negative gonorrhea culture. Females may have no symptoms, or may notice a change in vaginal secretions. Diagnosis may be difficult, but effective treatment is available. If one partner has a chlamydia infection, both partners should be treated whether or not both have symptoms, to prevent re-infection.



Gonorrhea: Within two to eight days after exposure, the infected man may feel a burning pain when urinating and may have a drip of white or yellow pus from the penis, as well as general discomfort, fever and fatigue. Four infected men out of ten will have no symptoms. In women, the uterine cervix is usually the first site of gonorrheal infection. Most females experience no symptoms and are less likely to be aware of being infected. Untreated, gonorrhea can lead to serious complications, so it is critical to inform your partner promptly if you discover you have gonorrhea.

Genital Warts: Warty growths appearing in the genital region are believed to be sexually transmitted they are usually painless and appear from one to three months (or longer) after exposure. Their growth is encouraged by the presence of other genital infections. Avoiding sexual contact with people having genital warts, or the use of condoms, are necessary measures to prevent the spread of the disease.

Trichomonas: "Trich" is classified as a minor STD but it is uncomfortable enough to be major to an infected individual. Females may experience a heavy vaginal discharge and burning. Males may experience no symptoms, or occasional discharge from the penis. Treatment involves a prescription medication, and again, each partner should be treated regardless of whether or not both have symptoms to prevent re-infection.

Syphilis: Syphilis is less common but far more serious than other STD's. Its first manifestation is usually a hard, round ulcer with raised edged (chancre) which appears from two to four weeks after exposure and at the site of contact, most often in the genital area. This chancre is usually



painless and tends to disappear in a few weeks even without treatment. This does not mean that syphilis is cured. If the disease is not treated in its primary state, the secondary state becomes apparent within three weeks to four months after the chancre disappears, most often in the form of a generalized transient skin rash. There may, in addition, be symptoms such as headache, fever, sore throat, and aches and pains. If the condition is not treated in the secondary stage, it becomes latent and remains for many years while causing extensive damage to many vital organs. A pregnant woman with syphilis can transmit the disease to her unborn child. Syphilis can be detected by means of a simple blood test.

Treatment of STD:



Since there are effective therapies for most of the STD's, the best treatment for any sexually transmitted disease is to see a physician.



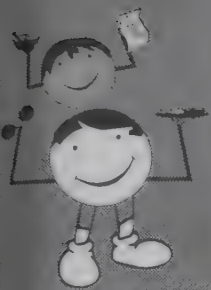
All visits are to be kept strictly CONFIDENTIAL.



SHOCK

When someone is in shock, blood pressure drops and blood flow through the body is inadequate. Always treat for shock in any serious injury. Tell-tale signs of shock: Skin is pale and clammy. Pulse is rapid. Breathing is shallow, rapid or irregular. The injured





person will appear frightened, restless, apprehensive or comatose.



Call for help.



Lay the person down on their back with head lower than feet.



Loosen clothing.



Keep the person warm.



When help arrives, get the person to a hospital.



Do not give the person anything to eat or drink.

► **SPRAIN**

Our bones are connected at the joints by fibrous tissues called ligaments. Ligaments not only connect the bones, they also prevent abnormal movement at the joints, and give some rigidity to the skeleton. A severe twist at a joint more than the ligaments can withstand produced a sprain.



There are varying degrees of sprains, all the way from stretching a ligament the (most common sprain) to actually tearing it. On some really severe sprains, the ligament will pull loose with a fragment of bone, causing a fracture.



First care is the same in all cases: apply cold compresses to prevent bleeding, elevate the injury, apply an elastic bandage (it's best to have a physician or nurse show you how), and rest.



Almost all sprains should be X-rayed, because of the possibility of a fracture. However, even if you know there is a fracture, the principles of cool and rest still apply until you can get medical attention.



STRAIN

Muscles are attached to one another by fibrous cords called tendons. If you overuse or overstress a muscle or tendon, you have a strain. Strains vary in severity from simply stretching a muscle or tendon to tearing it. Usually there is no bruising, just pain and some swelling.



Strains are easy to treat rest and cool compresses for the first 3-4 days, followed by heat and mild activity. Remember, overuse or stress caused the strain in the first place, so take it easy on the activity for a few days.



The best way to avoid strains is to avoid sudden vigorous exercise. If you're starting an exercise programme, begin slowly and gradually build up to more strenuous workouts.

► URINARY TRACT INFECTION

A urinary tract infection, or UTI, is a bacterial infection of the bladder and/or kidney. The usual symptoms are an urgent need to urinate, frequent and painful urination, blood in the urine, backaches, and sometimes fever. A UTI is diagnosed by examining the urine microscopically for bacteria and red and white blood cells. A UTI is usually quickly relieved with the appropriate antibiotic.



UTI's are more common in women than men. Women have a much shorter urethra (the tube from the bladder to the outside of the body) which seems to make it easier for the bacteria to make its way into the bladder. Women are more likely to develop a UTI if they are sexually active, but the cause is not known. Women who experience frequent: UTI's sometimes find it helpful if they urinate before and after intercourse as a preventive measure.



Drinking 6-8 glass of water a day is also recommended as preventive for women with recurrent UTI.

► **VAGINITIS (Leucorrhoea)** Vaginitis is an inflammation of the vagina that usually causes *discharge*, itching, odor, and some swelling of the lips of the vagina. It's caused when the normal balance of organisms that thrive in the vaginal area is upset and one particular type of bacteria begins to predominate the area. Many factors can cause this ecological imbalance: a change in body temperature, amount of moisture, the acid base balance or an invasion by outside bacteria. An imbalance can also be caused by frequent douching with an antiseptic solution.

Treatment of vaginitis should be handled by a physician. In the meantime, for temporary relief, take frequent warm tub baths. Fill the tub with three inches of warm water and sit in the tub for 15 minutes. After the bath, pat the vaginal area dry.

You can use a panty-liner to absorb discharge and minimize irritation. Wear loose fitting, cotton underpants (cotton will absorb perspiration and also allow air to circulate).



VOMITING

In diarrhea, the bowel is sick and empties itself as quickly as possible; in vomiting it is the stomach that is sick, and it too empties itself as rapidly as possible. If the vomiting is caused by excessive drinking, morning sickness of pregnancy, or a viral infection (flu), treatment is seldom needed. It is important to maintain fluid intake between bouts of vomiting, though, because dehydration (loss of fluid) can be dangerous. It is doubly important to drink plenty of clear fluids if you are having both diarrhea and vomiting because these two symptoms together can cause large and rapid fluid loss.



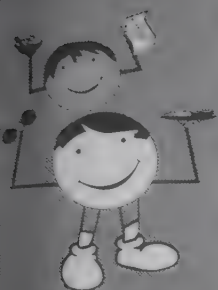
If vomiting persists longer than 4 hours see your doctor sooner if you need some help.



WARTS

Common warts are usually gray or yellowish elevated areas on the skin; they may be round or irregular in shape and usually have a rough surface. They are caused by local invasion of the skin by a virus and are seen most often on skin surfaces that are subject to injury such as the hands, wrists, elbows, face, scalp, and feet.





Warts can occur in clusters or in a streaked distribution if a single wart is scratched or accidentally cut (as in shaving) since the virus particles may be spread and cause infection in surrounding skin.

Warts vary in appearance and size depending on the part of the body on which they occur. On the soles of feet they are flattened by pressure and tend to project further into the skin; their surface becomes hardened and often painful to walk on. If warts occur on moist surfaces as the anal or genital areas, they are soft and fragile; they usually occur in clusters due to more rapid spread and greater probability of minor skin injury favoring invasion by the virus.

There is no urgent need to remove a wart if it is inconspicuous and doesn't bother you, because the lifespan of a wart is limited and it will eventually disappear without treatment.

Plantar warts (painful, inward, growing warts on the soles of the feet) are more difficult to treat and their removal requires several treatments by a clinician. Also, warts in genital areas should always be treated by a clinician because they tend to spread rapidly and because the chemical applications required must be done carefully to avoid damage to the adjacent sensitive skin or membrane surfaces.

If you have any questions, come to us at



**Ramakrishna Mission
Home of Service,
Luxa, Varanasi,**

for consultation and treatment. We'll be glad to help.



MEDICINE GUIDANCE CHART

Ramkrishna Mission Home of Service, Luxa Varanasi. School Primary Health Care Medicine- Kit.

S.No.	Medicine	6 month-1year	1 - 3 Year	3-5 Year	5-9 year	9-14Year	14+	Diseases
1	Tab. Iron (small)	No	1 tab once	1 tab twice	1tab thrice	No	No	Anaemia or lack of Haemoglobin
2	Tab Iron (large)	No	No	No	No	1 tab once	1 tab twice	Anaemia or lack of Haemoglobin
3	Paracetamol (P.C.M.Syrup)	1/2 SPOON 3 TIMES	1 SPOON 2 TIMES	1 SPOON 3 TIMES	No	No	No	FOR FEVER & PAIN
4	Paracetamol (500 Mg. TAB)	No	No	No	1/2 TAB 2 TIMES	1/2 TAB 3 TIMES	1 TAB 3 TIMES	FOR FEVER & PAIN
5	Tab ANTACID	No	No	No	1 TAB 2 TIMES	1 TAB 3 TIMES	1 TAB 3 TIMES	STOMACH PAIN OR GAS
6	CALCIUM	No	No	1/2 TAB Once Daly	1/2 TAB Once Daly	1/2 TAB 3 TIMES	1 TAB 2 TIMES	FOR BONE
7	CHLOROQUIN	No	No	No	1 TAB 2 Times 3 DAYS	1 TAB 3 Times 3 DAYS	2 TAB 2 Times 3 DAYS	FOR MALERIA
8	C.P.M.	1/4 TAB 2 TIMES	1/2 TAB 2 TIMES	1/2 TAB 3 TIMES	1 TAB 2 TIMES	1 TAB 3 TIMES	1 TAB 3 TIMES	FOR COLD,COMMON COLD AND ITCHING
9	SEPTRAN	1/4 TAB 2 TIMES	1/2 TAB 2 TIMES	1/2 TAB 2 TIMES	1TAB 2 TIMES	1 1/2 TAB 2 TIMES	2 TAB 2 TIMES	PNEUMONIA
10	SALBUTAMOL	No	No	No	1/2 TAB 2 TIMES	1/2 TAB 3 TIMES	1 TAB 3 TIMES	ASTHAMA

**Note:- Medicines, whose names are given below, are poisonous.
Keep away from children.**



Ramkrishna Mission Home of Service, Luxa Varanasi. School Primary Health Care Medicine- Kit.

S.No.	Medicine	6 month-1year	1 - 3 Year	3-5 Year	5-9 year	9-14Year	14+	Diseases
11	METOCLOPRIMIDE	No	No	1/4 TAB Twice	1 TAB Twice	1 TAB Twice	1 TAB Thrice	FOR VOMITING
12	Vitamin A	1/2 tsf	1 tsf 6 monthly	1 tsf 6 monthly	1 tsf 6 monthly	1 tsf 6 monthly	1 tsf 6 monthly	Below 5 years routine; then for Vit A deficiency
13	ORS	Whenever loose motion dissolve 1 packet in 1 litre of water and give ad libitum						For Diarrhoea
14	Tab Deriphylline	No	No	1/2 TAB Twice	1/2 TAB Thrice	1 TAB Twice	1/2 TAB Thrice	FOR ASTHAMA
15	Nitrofurazone Oint	For dressing wounds						Antibacterial Ointment
16	Compound Benzoic Acid Ointment	For ringworm apply thrice a day						Antifungal Ointment
17	Gamma Benzene	HexachlorideFor scabies only apply on whole body once only except face & leave it on body for 24 hours and then clean clothes in boiling water & take bath						Antiscabies
18	Gentian Violet Paint	For small wounds and boils twice a day						Antiseptic
19	Savlon	Boil and cool water dissolve 1 part savlon in 20 parts water						Antiseptic solution
20	Thermometer	Measure temperature for minimum 3 minutes						For measuring body temperature

**Note:- Medicines, whose names are given below, are poisonous.
Keep away from children.**



HEALTHY SCHOOL ENVIRONMENT





INTRODUCTION

The Environment plays a vital role in shaping the psycho-physical & social growth pattern of a child. The environmental aroma is a pre-requisite for imparting knowledge. The Goddess of learning can be best worshipped and invoked through a clean school environment. A healthful school environment necessarily provides for the best emotional, social, and personal health of the pupils. In every community school premises should be improved as a standard model for campaign of basic sanitation. The children, boys as well as girls, imbued with the lesson on cleanliness will carry home the message of a hygienic lifestyle. To inform and motivate common people this is the best possible means. 'Swamiji exhorted, "Cleanliness of the body and mind, cleanliness in everything is the most important factor."

Thus on one hand, a healthy school environment should according to the definition of sanitation by WHO (World Health Organization) 'control of all those factors in man's physical environment which exercise or may exercise, a harmful effect on health, physical environment and survival' whereas on the other hand it involves psycho-social health which can be succinctly summarized as 'Child Friendly Schools'. Vigilance of school administration/authority plays vital role in maintaining school environment. Active parent-teacher association is also important for this purpose.





OVERVIEW OF CURRENT SCENARIO

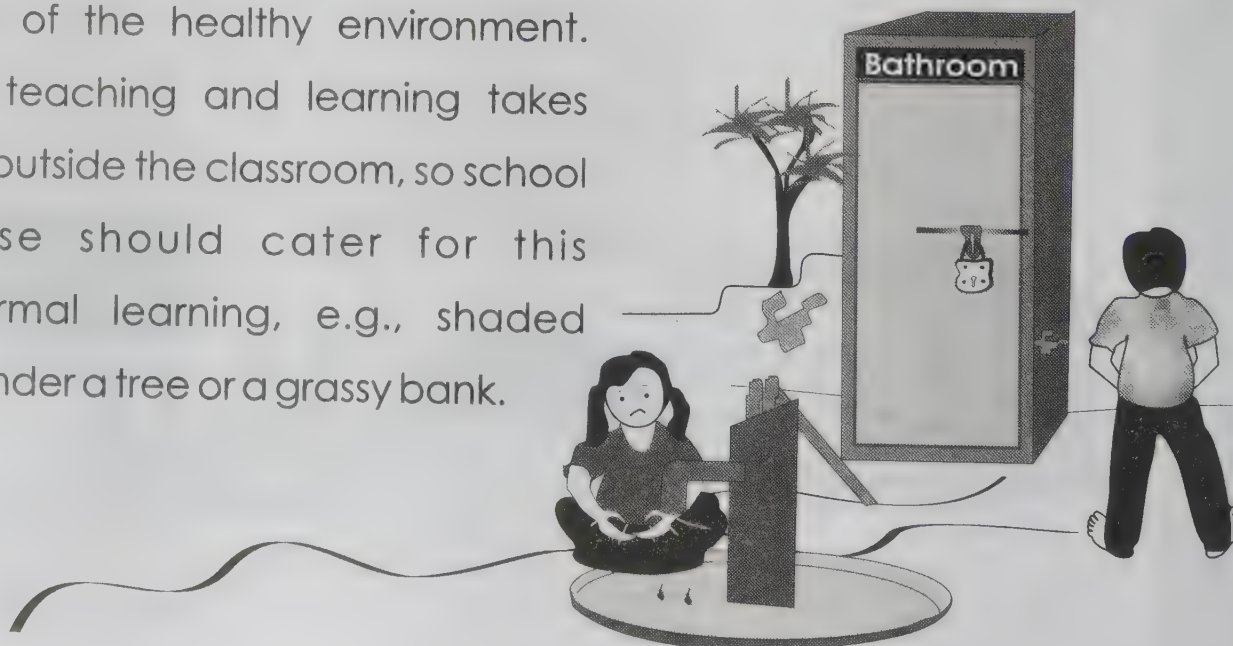
In developing countries and growing economies like ours the scenario in primary school is predominantly: overcrowded classrooms under one overworked teacher, little or no furniture, darkness due to too few windows, dilapidation due to lack of maintenance, no water supply, non-working toilet facilities, lack of accommodation of teachers,



no basic utilities for teaching like blackboards, chalks. Simply throwing more money is not going to provide a lasting solution to this problem.

School environment should be well designed keeping in view of climatic conditions to which it is expected to experience. Social context also should be properly kept in mind during the

design of the healthy environment. Much teaching and learning takes place outside the classroom, so school premise should cater for this semiformal learning, e.g., shaded area under a tree or a grassy bank.





Following aspects must be properly considered for developing the school environment as a standard model.

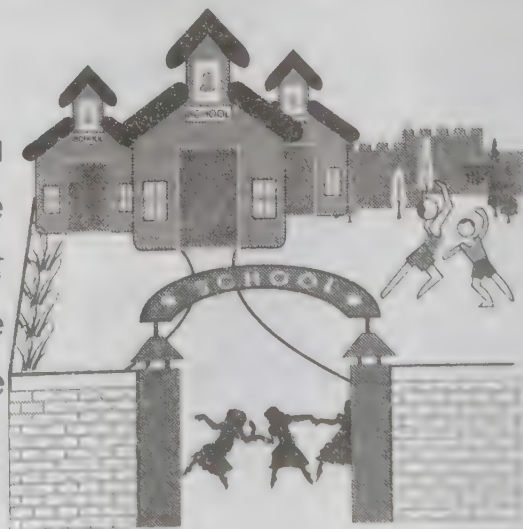
1. Location:

- * Away from din and bustles of market places, railway tracks and stations, factories, cinema houses.
- * Centrally located for all sections of people around it with proper approach roads.



2. Site:

- * Suitable high lands so that dampness, inundation and water logging in rainy seasons are avoided.
- * A boundary wall should limit accessibility of unwanted social elements into the school elements during school hours or off-school hours. This will also check use of school compound for dumping wastes and cattle grazing.
- * Beautiful parks and playground should preferably be provided in the school campus.
- * Gardens should be there inside the school premises and students should be encouraged to participate in gardening especially **nutrition garden**.
- * Plantation should ensure a perimeter fencing, provide privacy to toilets, supplement nutrition, modify micro-climate (like Neem, Bilva tree), and reduce glare in teaching areas.



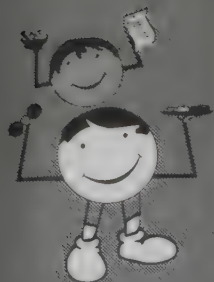


3. Structures:

- * For nursery and primary schools, the school building should be single storied.
- * Outer walls should be 250mm thick.
- * On the inner walls of stairs, teachings and life stories from great men or scriptures may be painted or carved out as sculpture.
- * Adequate number of stair cases should be provided at suitable locations for fire escape of students. So the width of stairs should also be sufficiently high.
- * The plinth level of the building should be 0.5 m above finished ground level of the surrounding landscape.
- * Continuous lintel band and a plinth band should be provided in walls to ensure an earthquake resistant building.

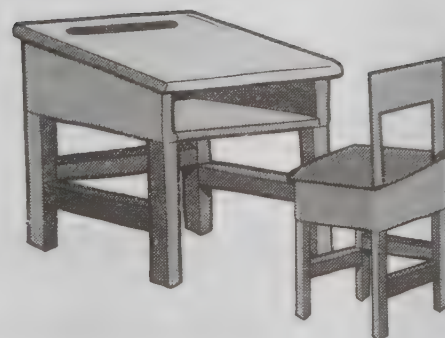
4. Class rooms:

- * Should be well connected by verandah.
- * Size of each class room should be fixed so as to provide at least 1 square meter area per student.
- * Class rooms should be airy, i.e., well ventilated.
- * Normal sun light should come sufficiently so that classes can go on in absence of power supply.



5. Furniture:

- * Height of furniture should suit the corresponding age group.
- * Chairs and desks should be separate for each student. This will eliminate disturbances from students due to congested seating arrangement on a long bench.
- * Chairs should have proper back rests.



6. Doors and Windows:

- * Combined door and window space should be more than 25 percent of the floor space. Windows should be placed on walls so as to facilitate cross-ventilation.



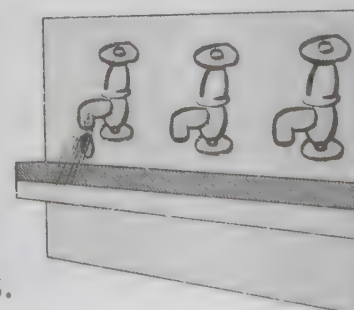
- * An alternative to large windows is the perforated screen walls.

7. Colour

- * Inside color on walls of class rooms should be white or bluish white.

8. Water Supply

- * In a school building water supply should be sufficient for drinking and toilet purposes.

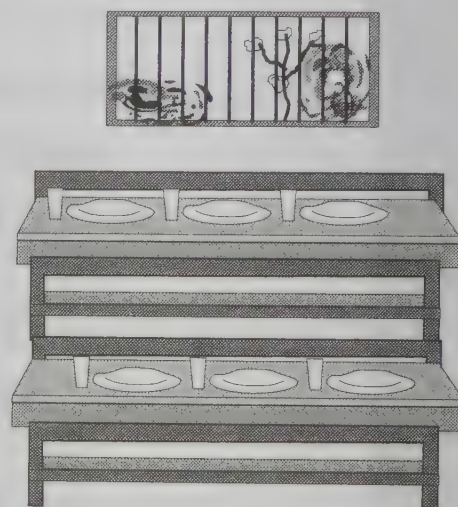




- * There should be independent source of safe and potable water in a school premises. Water storage containers should be cleaned on regular basis.
- * Class rooms should be washed occasionally for ensuring cleanliness

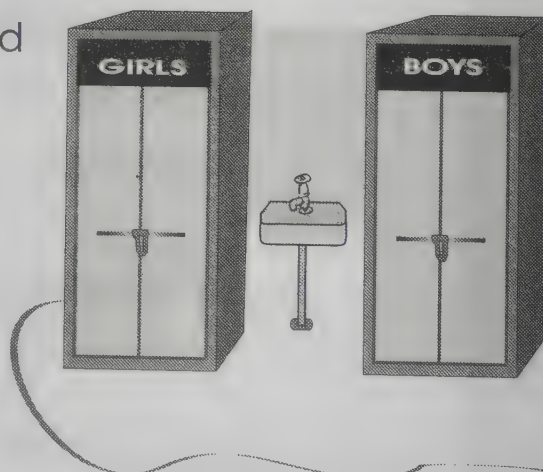
9. Eating facilities

- * Separate room should be provided for mid-day meals.
- * No unauthorized vendors should be allowed inside the premises.
- * Any vendor should not provide fruits cut long time ago.
- * In rural areas, schools should provide for adequate food and nutrition for children from poor sections of society in particular.



5. Lavatory

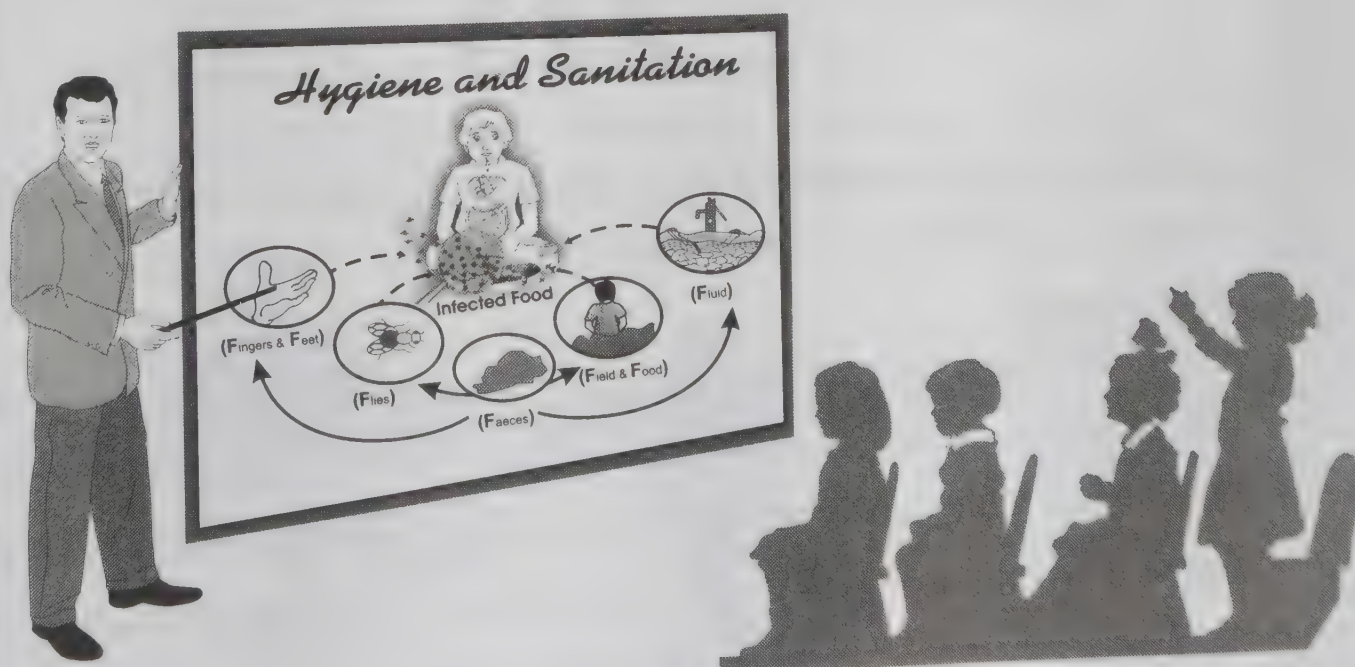
- * At least one urinal be constructed for every 60 students.
- * At least one latrine for every 100 students.
- * Separate arrangement for boys and girls should be made
- * Safe disposal of waste water from school compound. Some live treatment processes also can be adopted in one corner of school compound which can be adopted by local community for their own use.
- * Students should clean lavatories themselves by rotations.
- * In poor rural areas, schools should have at least traditional pit toilets.





The class teaching should have a full credit course on education pertaining to hygiene and sanitation. The students should be taught how to control various types of pollution in environment, to modify unhygienic habits, practices and lifestyle. Communicable diseases and their modes of communication to fellow human beings should be taught in detail. Vector (insect)- borne and water-borne diseases in particular should be taught in rural schools. Disease chain in communicable diseases should be explained to children so that they are aware of means to break the chain or source of biological pollution of the environment in their homes as well as in their community.

School environment should mould the overall attitude of children towards disease and disease agents. Thus school education should change our cure-oriented outlook to promotion-centric application of knowledge of basic sanitation. Sanitation coupled with health education will play a major role in saving the community. In rural areas, children should be initiated to 'toilet habits' from the 'field habits'. So, teachers should themselves be committed and motivated to such health education. They should believe that their teaching is going to make a gulf of difference, a faeces free environment.





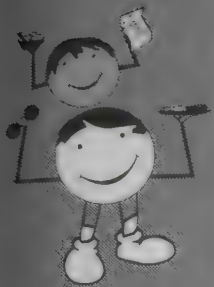
Central Rural Sanitation Programme (CRSP) was launched in 1986 for better sanitation with major thrust on Information, Education and Communication (IEC). Total Sanitation Campaign is a more meaningful and comprehensive version of CRSP. One of the main objectives of the Total sanitation Campaign was to cover schools / Anganwadis in rural areas with sanitation facilities and promote hygiene education and inculcate sanitary habits among students the future citizens of the country.

Finally we can conclude remembering the famous quotation from 'Medicine and Human Welfare' by Henry Sigerist. It states, . . .

. . . "The war against disease & health cannot be fought by physicians alone. It is a people's war in which the entire population must be mobilized permanently."

And School environment if properly maintained at healthy level, can serve as a catalyst towards healthy society, healthy country and a healthy world.

To ensure that sanitation becomes a way of life cleanliness must be inculcated into an individual in a manner that it becomes a trait in his character. The best time to do that is at a tender age. Because a design etched on a new earthen pot is not erased after it is fired in the kiln. Exactly so, the lessons imprinted in a child's mind is never erased.



CHILD FRIENDLY SCHOOL: THE PSYCHO SOCIAL ENVIRONMENT

Child Friendly School is an essential part of promoting health through schools. Apart from the physical and may be more important than the physical the school provides the child an environment for academic and psycho-social development. This psycho-social environment should be a positive and meaningful experience for the child so as to foster the development of a healthy child and citizen.

A Child Friendly Schools means:

Quality learners: healthy, well-nourished, ready to learn, and supported by their family and community

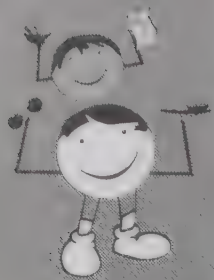
Quality content: curricula and materials for literacy, numeracy, knowledge, attitudes, and skills for life

Quality teaching-learning processes: child-centred; (life) skills-based approaches, technology

Quality learning environments: policies and practices, facilities (classrooms, water, sanitation), services (safety, physical and psycho-social health)







Quality outcomes: knowledge, attitudes and skills; suitable assessment, at classroom and national levels





Thus seen child friendly school should promote:

* **cooperative and active learning which helps a child**

-  perceive critically
-  explore widely
-  bring rational order to chaos
-  bring knowledge and techniques to bear on the solutions of problems.
-  test ideas against explicit and considered moral values and empirical data.
-  recognize and create relationship between concrete and abstract phenomenon.

* **caring and compassion**

* **creativity**

* **tolerance and above all**

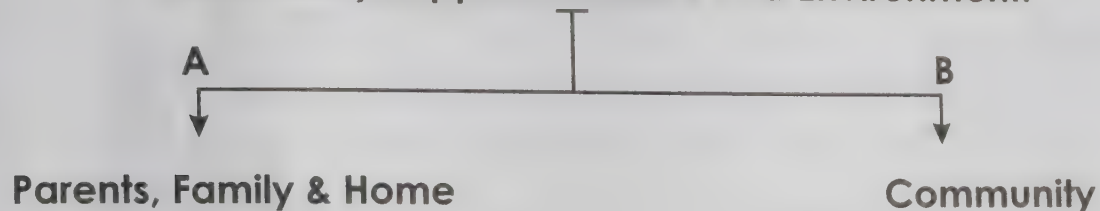
* **self-esteem, dignity, freedom, equality and peace.**

The previous three parts of this manual provides state of the art knowledge and method for health and health education. Life-skills education is a topic by itself. For building a healthy non-physical environment the following environmental, social and pedagogical activities need to be undertaken:

- I. Community Support Structure and Environment
- II. Child Friendly Psycho-social School Environment
- III. Child Friendly Learning School Environment



I. Community Support Structure and Environment:



Parents, Family & Home

* Parents can foster an atmosphere for learning and self-development at home by

i. Reading to and / or with one's children.

ii. Discussing and allowing children to participate in discussions on important family issues.

iii. Influencing children's choices of friends and peers.

iv. Guiding and Controlling use of their spare time.

v. Guiding and Limiting their time spent watching television.

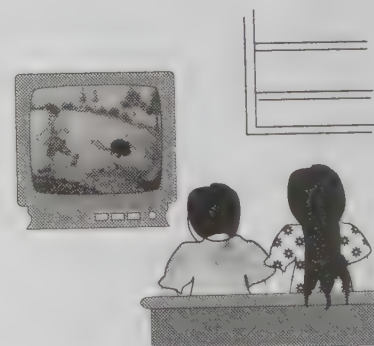
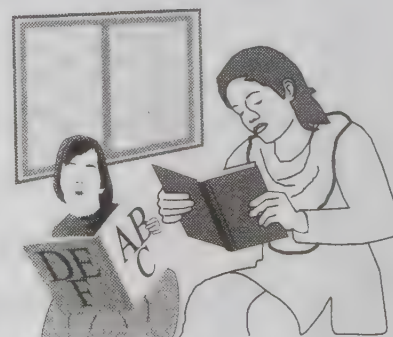
vi. Investing for or borrowing book for their home.

vii. Help or supervise home work.

viii. Have a place for study in the home; even a corner in their hut.

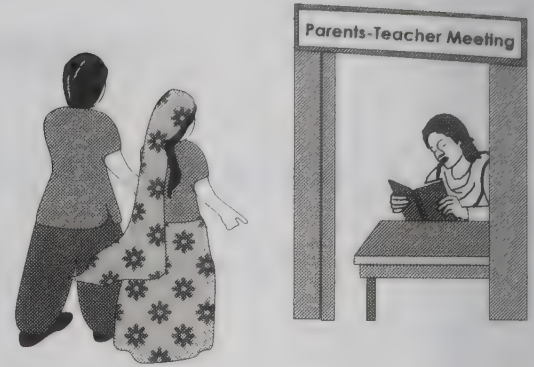
ix. Provide opportunity for travel [this may be in form of group excursion to a nearby Mela], scouting, extra-curricular activities, summer camp and the like.

x. Guiding and helping children make use of various forms of supplementary education





- * Parents, even illiterate parents need to participate in parents-teacher associations and meetings



- * Parents should themselves be socialized and participate to help students be socialized to

- a) understand the importance of reading, knowing where to seek answers [persons in the society, experts, internet, libraries], solving problems and asking questions.

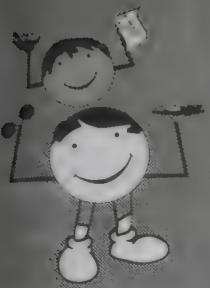


- b) accept their ethical and moral responsibility not only to work hard but also to work to be among the best ['Shraddha' which says I am the best in few things, I am middling in many things but no where am I the worst.]
- c) set high standards, follow through, be dependable, and understand how to work well with others.

Community: Community should foster Child-Friendly School

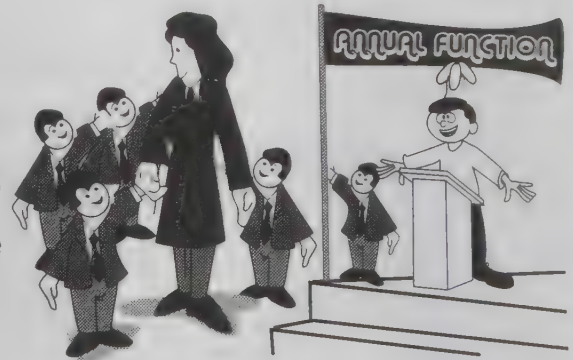
- * by creating and promoting infrastructure for supplementary education like libraries, museums, community and religious centers as centers of learning and knowledge.
- * by exposing students to adult models of behaviors supportive of academic learning.





- * seeking help from appropriate sources for building healthy school and community physical environment.
- * guiding and controlling students use of spare time.

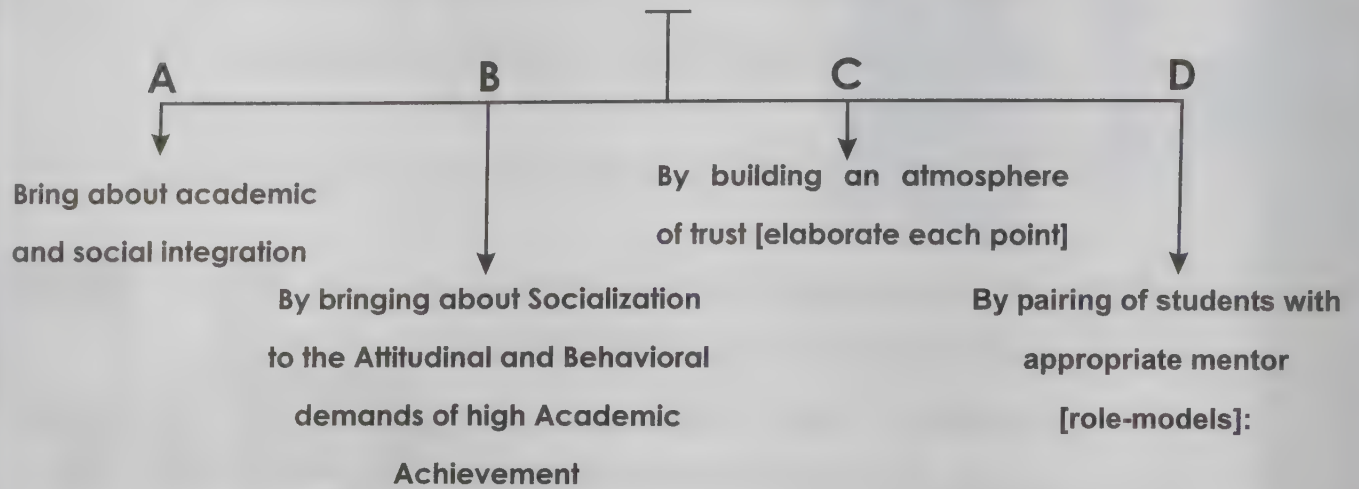
- * encourage students participation in various cultural, religious and social functions and in high-performance learning communities.



- * recognize and formally set up mechanisms for transferring social competence.
- * economic and political commitment to create child friendly schools.
- * involve students in community service projects.
- * by respecting diversity and evolving vision of unity in diversity and practicing it on the principle that let 'winds of all forms of diversity are welcome but I refuse to be blown off my feet'

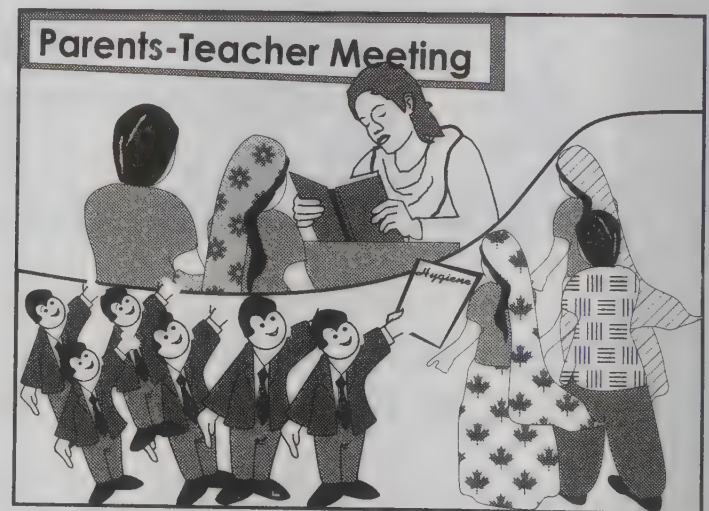


II. Child Friendly Psycho-Social School Environment:



Bring about academic and social integration by

- i. Forming Parent-Teachers-Community Associations and holding their meetings.
- ii. Celebrating diversity: By coaching students on the importance of interacting, working, and coexisting effectively with diverse people and remaining open to new experiences without threat to their own identities. This can be done through active study of and participation in diverse cultural, linguistic and religious events.
- iii. Promotion of help seeking and learning from variety of sources.
- iv. Devising and engaging students in projects of meaningful **community service**.
- v. Fostering high academic goals and peer supportiveness.
- vi. Consistent emphasis on solid preparation and conceptual mastery of difficult concepts and undertaking research.

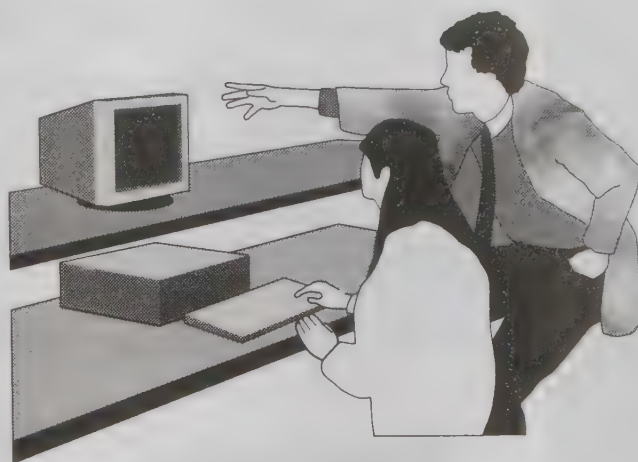




By bringing about Socialization to the Attitudinal and Behavioral demands of high Academic Achievement:

i. By learning and getting the students to learn advanced technology especially computers.

ii. By developing communications skills in students.



iii. By designing class room projects which promote students' intellectual camaraderie and attitudes toward learning that build a sense of community and responsibility for each other.

iv. Teachers should themselves be socialized and participate to help students be socialized to:-

a) understand the importance of reading, knowing where to seek answers [persons in the society, experts, internet, libraries], solving problems and asking questions.

b) accept their ethical and moral responsibility not only to work hard but also to work to be among the best ['Shraddha' which says I am the best in few things, I am middling in many things but no where am I the worst.]

c) set high standards, follow through, be dependable, and understand how to work well with others.



By building an atmosphere of trust

- i. **By teaching and practicing gender equality:** Boys and girls need to have the same learning opportunities and language and behaviour should be bereft of stereotypes and biases.



- ii. **By avoiding physical punishment:** There should be no corporeal punishment in principle and practice in the school because these bring in adverse long term effects. These are unnecessary and unacceptable. Teachers should be trained in non-aggressive modes of disciplining students.

Don't do that



- iii. **By not tolerating bullying:** All forms of bullying, whether physical like hitting, pushing and other physical abuse, verbal like malicious teasing and psychological like excluding an individual from a group. Open recognition and disapproval of bullying and setting ground rules for group behaviour and preventing scapegoat-ing will minimize this menace which causes much anxiety and misery in their victims.

Don't do that





iv. **By fostering supportive and nurturing atmosphere:** There should be few or at least a couple of teachers whom students can approach with their personal problems and the teachers attitude should be caring.

v. **By providing realistic and meaningful education:** School experience of the child should have his / her life experience as the starting point and should be relevant and meaningful in terms of life situation of the student.



vi. **By supporting and valuing the development of children's creativity:** Games should be a must in every school. These games play a crucial role in constructing the social-self of the



child as well as teach him rules of social-interaction. Music, dancing, street-plays, dramas, mime and mimicry should like-wise be part of schools effort to foster and nurture creativity in students.

vii. **By promoting self-confidence and self-esteem of students:** Students performance should be place in the perspective of 'you have done well and need to do better'. Public ranking of performance is best i. avoided. Group activities should have certain well stated ground rules including group-dividers to avoid systematic exclusion of an individual from the group.



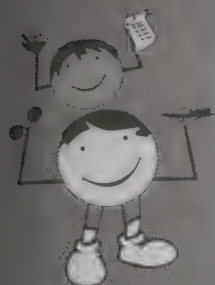


By pairing of students with appropriate mentor [role-models]:

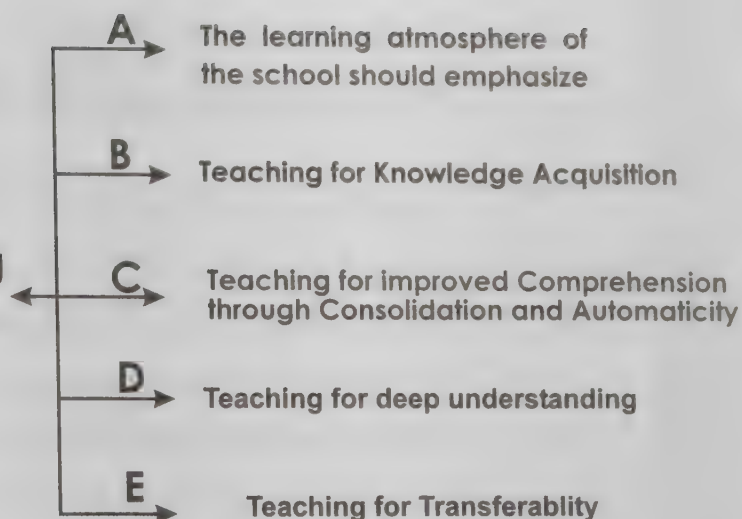
Mentors or role-models can provide students not only domain specific inputs but can consult with students on educational and career issues: This is especially important for higher secondary students. They can also open the eyes of the students to life other than academic and career issues and address their personal concerns as well.

This relationship with mentors or role-model may be formalized by way of:

- * projects
- * lectures
- * business meetings
- * laboratory visits and
- * social encounters
- * school programs with prior guidelines given to mentors or it may be non-formal in form of
- * Letter writing
- * social outing and
- * recreational activities



III. Child Friendly Learning School Environment:



The learning atmosphere of the school should emphasize:

- a. solid preparation with prior thought and hard work.
- b. conceptual mastery of difficult concepts.
- c. learnercentric: here teachers pay close attention to knowledge, attitudes and skills that students bring to the school as well as their preconceptions of various subjects while promoting a better understanding of the subject [see Knowledge acquisition]
- d. the learning work should also be relevant and meaningful as per the lives of the children.
- e. learning work should be as individualized as possible and should be so designed as to be challenging yet manageable making use of the Vygotskian principle.
- f. inclusion of all learners especially from the socio-economically disadvantaged sections and





- g. building social competencies so that everyone feels a sense of belonging and ownership in the learning that is taking place
- h. carrying out research: however, preliminary this may be
- i. the concept of intelligence which emphasizes it as being malleable should be promoted among students which will help them engage with challenging tasks and make them more comfortable with risks.
- J. Across subject matters, instructions and learning material should be prepared and presented incorporating the key socialization strategies which include exploring, articulating and debating the following:
 - i. Features of the problem to which the learner should pay attention to and why
 - ii. What each student knows and does not know about these features
 - iii. What these features tell about concepts and problem-solving strategies that may be relevant.
 - iv. The strength and weakness of what will inevitably be multiple solution paths.
 - v. The goodness of fit of solutions: (i.e. what the solution explains or accounts for and what it does not.)

If such socialization experiences are a routine part of instructions across subject matters and grades students are more likely to develop several important dispositions and competencies:

- i. A willingness to persist with difficult problems in the face of uncertainty.

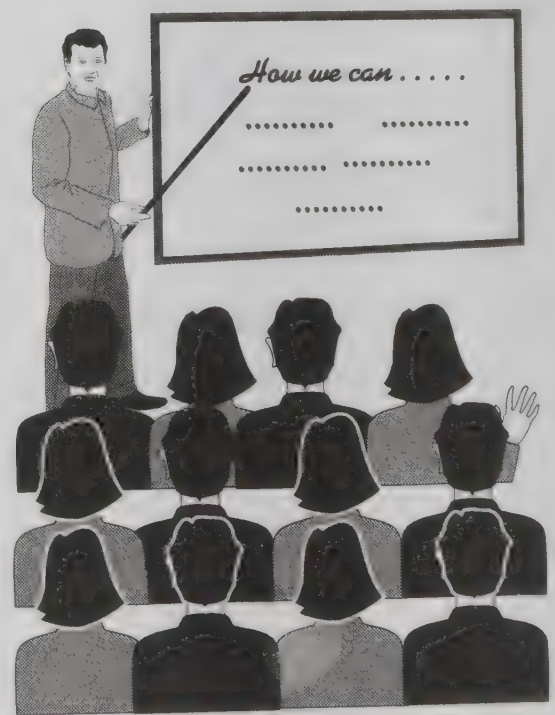


- ii. A willingness and ability to search one's repertoire of existing knowledge to look for connections to new problems, particularly when the connections are not obvious; and
- iii. A sensitivity to look closely for recognizable patterns that help define the kind of problem one is tackling (known in the cognitive literature as *defining* and *constraining the problem space*).

Teaching for Knowledge Acquisition:

Teaching for Knowledge Acquisition: Modern research in the field of learning and teaching should be brought to bear on each and every school especially those methods which are easy of widespread adoption. For example two methods are especially important for knowledge acquisition namely **inquiry-based instructional technique** and **reciprocal teaching** for reading comprehension. In the former,

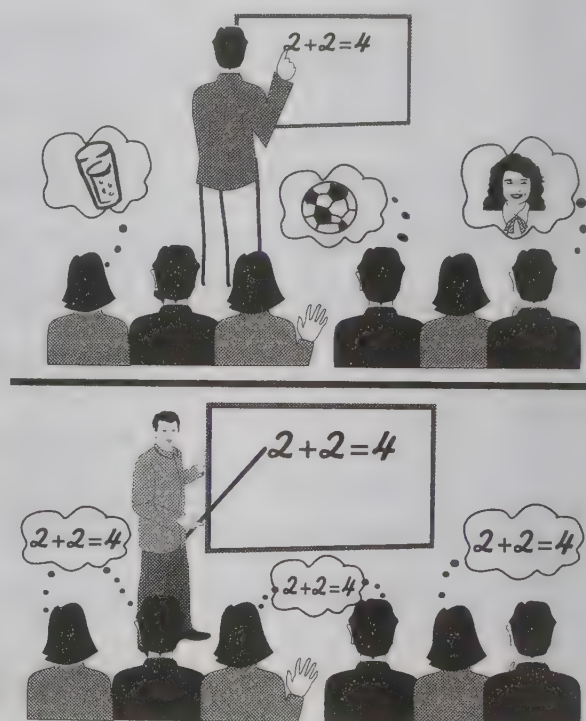
students existing knowledge and assumption get known and are then used for building further knowledge. In the later, questioning, clarification, summarization and prediction are used for comprehending reading. Student participation in form of questioning and clarification and teacher's modeling of the four principles form the basis of learning.





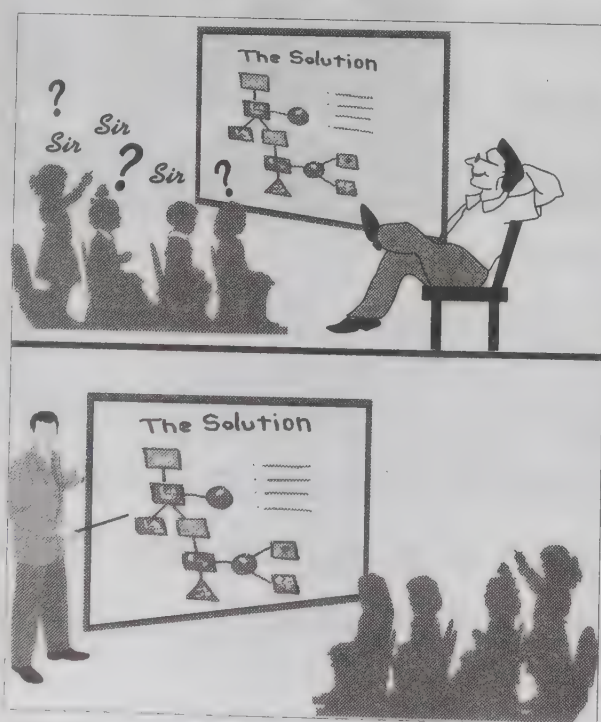
Teaching for Improved Comprehension through Consolidation and Automaticity:

Practice makes for improved retention for long term and also makes certain processes automatic. And unless this happens especially regarding reading and language comprehension, the limitations in working memory will be too great to allow syntactic, semantic and pragmatic interaction which will lead to learning and comprehension of the subject matter.

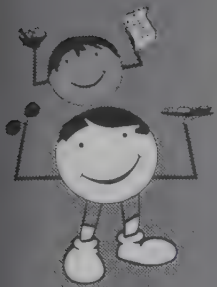


Teaching for Deep Understanding:

Deep understanding goes beyond the simple ability to parrot information and explain concepts at a surface level. For deep understanding teachers and educationist and educators need to understand that learning is as much an act of **socialization to 'habits and skills of interpretation and meaning construction'** as it is a cognitive mental act. Therefore, true learning occurs through the course of everyday and authentic interactions and for students the schools need



to provide **problem-based active learning opportunities in groups** by putting learning in **appropriate and authentic activity context**. Using classes in carpentry, turning and fitting for true intellectual development as different from these vocations is an important point to be considered in this context. This fact can also be used for non-school going children by engaging them in such activity as

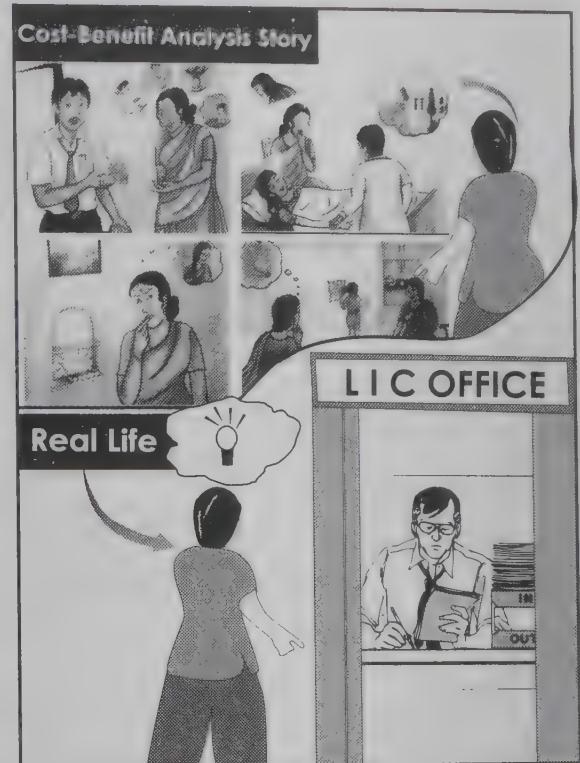


laying down garden along with adults or conducting nutrition education workshop as designed and implemented by us in our health education efforts.

Teaching for Transferability:

Transferability refers to the capacity of transferring skills learned in one context to another. All the above mentioned principles and strategies underlying deep understanding and automaticity especially *mastery* enhances transfer. Teacher's 'as needed' support greatly aids and facilitates this process. This process of transfer can also be greatly increased when *implications* of one task for another are highlighted during

instruction. However, transfer is best viewed as active dynamic on-going process rather than a passive product of particular set of learning experiences. It is also most important to note that this takes time and does not happen in an erratic learning environment.



The following principles and their educational correlates have been suggested by research till date to make for better transfer:

- a. **Provide opportunities for students to practice at Retrieval:** This is best done by periodic testing which is cumulative in nature.
- b. **Vary the Conditions for learning:** When learning occurs under a variety of conditions and contexts it helps the student's conceptual understanding to become more rounded and multiple retrieval cues are activated. Provide differing types of problems and alternate solution strategies.



- c. **Maximize the Time for Learning:** Now it is known that when time to learn is allowed to vary, the best predictor of mastery learning is a student's prior knowledge whereas if the learning time is kept constant student's intelligence is the best predictor of mastery. In a learner-centric environment if opportunities of learning are provided by the teacher as per the need of the students all persevering student will learn well.
- d. **Represent knowledge using alternate forms:** Two major channels of learning are visual and auditory-verbal. Teachers using both modes of representation and students involving in representing knowledge acquired in one format in to another format make for best learning.
- e. **Build on students' prior knowledge and experience:** This point has been discussed above in knowledge acquisition.
- f. **Emphasize knowledge and skill development:** This is best achieved by teachers, educators and / or facilitators making explicit those concepts and processes that students need to know, understand and internalize in order to achieve mastery in a peer study group situations: These situations also help the students i) articulate their own ideas and listen to others; ii) all students are exposed to different perspectives and knowledge fund as each one makes his or her thinking and work public and *most importantly*, iii) students quickly learn that excelling in a subject does not mean being able to solve problems quickly and easily but rather working very hard and persevering because they see peers who struggle with various deas and subject content.



- g. Infuse lessons with strategies for learning:** Teachers can help students:
- i. By discussing ways of learning.
 - ii. Infusing their lessons with strategies for learning to learn and
 - iii. Surfacing students' own beliefs about learning.
- h. Provide Systematic Feedback:** This should be done through out by providing feedback on homework, assignments, tests and projects. Feedback regarding erroneous thinking, erroneous premises as well as what the students know and do not know.
- e. Use Dynamic Classroom Assessment:** By incorporating dynamic forms of assessment in the class-room, teachers have a tool to better measure of how the students' prior learning and experience have prepared them for future learning [knowledge that in itself promotes transfer of learning] as well as allows students in meta-cognitive knowledge monitoring, monitoring and regulating their learning strategies as also help them to capitalize on corrective feedback and engage in new learning in sharp contrast to what happens in teaching forms geared to one time testing.



NUTRITION

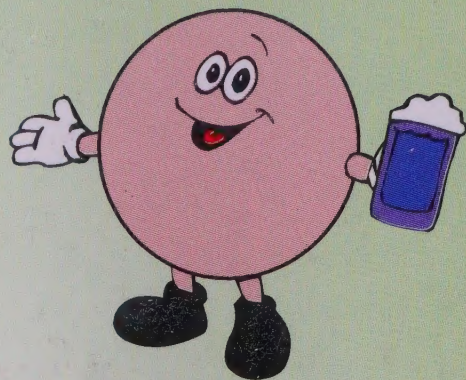
HYGIENE & SANITATION

EXERCISE

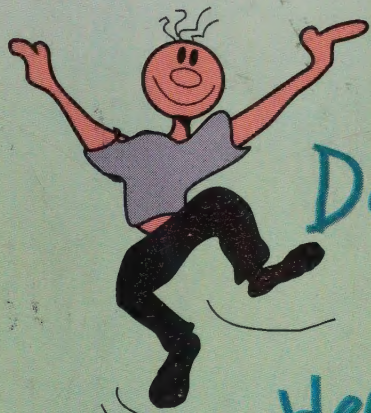
EXERCISE

[illegible]

Eat Healthy to
Be Wealthy



Keep Clean
to Be Evergreen



Do Exercise
to be Healthy & Wise



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